

AMERICAN MEDICAL TIMES

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LECTURER ON OBSTETRICS IN THE UNIVERSITY MED. COL., N. Y.

GENTLEMEN: When the impregnated ovum, after having made its way down the fallopian tubes, falls into the uterine cavity, it is covered over by a tufted membrane called the chorion, which thus constitutes the shell of the foetal ball. This coming in contact with the thickened and congested uterine mucous membrane adheres thereto, and increasing in size, becoming vascular, and taking upon itself the duty of aeration of the foetal blood, receives the name of placenta.

This organ may be attached either to the fundus or the sides of the uterus as low down as the os internum, the influences which cause it to select one or the other part being entirely unknown to us. Should it take its origin from the fundus or sides of the organ, the foetus may at full term be expelled by the uterine efforts without its being disturbed; but should it be attached over or near to the cervix, the necessary dilatation of that part which must occur before the body of the child can pass, is almost sure to detach a portion of it and thus give rise to hemorrhage. This unfortunate location of the placenta has received the name of "Placenta prævia."

As was stated at our last meeting the terms Placenta prævia and unavoidable hemorrhage are used synonymously, the former appellation signifying the site of the badly placed organ, the latter the dangerous and almost inevitable complication which must result therefrom. By some authors these cases have been classed among mal-presentations under the name of "presentation of the placenta," an arrangement which has been adopted in the work of Dr. Tyler Smith, which I have recommended you as a textbook. This I think is incorrect, for the term presentation is universally accepted as the "part of the *fetus* first appearing at the os uteri in labor," and in no wise refers to any of its annexæ. Besides, we may have all of the evils of this condition when the placenta is so high up as to be out of reach, and some part of the child having passed by it occupies the os.

The literal signification of the term Placenta prævia, and that which answers the best purpose practically, is that the placenta is placed "præ via" before the way, and not as it should be in such a position as not to obstruct it; and the synonymous term "unavoidable hemorrhage," arose from the fact that even very old writers recognised the truth that such an attachment would necessarily result in that complication.

History.—Guillemeau, a pupil of Paré, Mauriceau, Paul Portal, Peu, De la Motte, Daventer, and many others, evidence such knowledge in their writings. All of them, however, with the exception of Portal, made a singular error in reference to this point, in supposing that the placenta was always originally attached to the upper part of the uterus, and had fallen from its place to the neighborhood of the cervix.

The acute perception of the gifted Portal did not allow him to fall into this mistake, and his views were subsequently adopted by Giffard and Roederer; but to Lerret, who wrote in 1756, belongs the credit of giving a full interpretation of the condition. At a later period, Dr. Rigby, of Norwich, Eng., availing himself of the knowledge thus

made accessible, pointed out some important distinctions between the varieties of parturient hemorrhage, which have resulted in the improved and rational modes of treatment which will engage our attention to-day.

Exact Location of the Placenta.—To this part of our subject I feel anxious to direct your special attention on account of its importance in a pathological point of view, and because I am led by careful reflection to conclude that most of the obstetric writers whose works are made accessible to the American student have promulgated views upon it which are erroneous. I say this with all respect, for I do not imagine these writers to be at all ignorant of what I am about to tell you; but the point appears to have escaped attention, and the error of one has been reproduced by the others until it has become as general as the following quotations will show.

"The cause of the hemorrhage is evidently the separation of the placenta from the cervix uteri." *Churchill Obst.*, Am. ed., p. 437. "If the feet present with only a partial implantation of the placenta or with it *coming to the margin of the os uteri only*." *Ibid.*, p. 438. "If the placenta be partially attached over the os uteri it is generally upon the anterior lip, which is much thicker." *Rigby Obst.*, Am. ed., p. 346. "Under ordinary circumstances this effusion of plastic lymph has already attained such a degree of firmness and coherence as to prevent the ovum from passing beyond the uterine extremity of the Fallopian tube from which it has emerged; but in cases of placental presentation it may be presumed that at this period the decidua was still in a semi-fluid state, had formed little or no attachment to the walls of the uterus, and had therefore no effect in preventing the ovum gravitating to the lower part or even to the mouth of the uterus itself." *Ibid.*, p. 345. "The placenta may be attached over the whole of the os and cervix uteri, or it may be implanted over some part of the margin of the os so as only partially to occupy the aperture. The causes of Placenta prævia have not been determined. It is probably produced by the impregnation of the ovum after it has descended to the upper part of the cervix uteri. This being the last point at which the ovum retains its capability of impregnation and attachment to the uterine surface." *Tyler Smith Obst.*, Am. ed., p. 428. "We shall know the placenta by the fleshy fibrous and lobular sensation which it communicates to the finger, and by its being attached to the inner surface of the cervix uteri." *Ramsbotham Obst.*, Am. ed., p. 375. "I mean that case which depends on the situation of the placenta happening to be on the cervix and os uteri." *Meigs Obst.*, p. 429. "The attachment of the placenta to the mouth of the womb is one of the most dangerous complications to be met with in the practice of midwifery." *Collins Obst.*, p. 59.

These quotations are sufficient to convince you of the opinions of British and American writers, and the statement which I made above applies only to them, the French and Germans not partaking in their error. Now, I feel sure that in no case is the placenta ever attached to any part of the cervix or os uteri, that the walls of the cervical canal are always free, and that it is felt at the os and projecting a little over it only after having been detached from above. As I have not space to give a full exposition of my reasons for such an opinion, I will give in as short a space as possible the chief grounds upon which it is based.

1st. The placenta is formed from the development of foetal tufts and decidua; there are neither decidua nor utricular glands in the cervix, and hence no placenta can form there.

2d. It was formerly believed that as the uterus developed above, the cervix gradually disappeared by being spread out until its canal was merged into the uterine cavity and the whole became almost globular in shape. In 1826, Dr. Stolz, of Strasbourg, pointed out the fact that the cervix does not thus spread out and disappear, but that it does so by an entirely different process altogether independent of that of the uterus.

The view advanced by Stolz was, that as the cavity of the

body of the uterus enlarged above, so did that of the cervix below, but that this cervical expansion begins at the os externum uteri and extends up to the os internum. Thus at the third month the upper part of the cervical canal is entirely closed, but at its lower portion a slight dilatation has begun which will admit the pulp of the index finger. This goes on extending upwards towards the os internum, until at or about the end of the ninth month the entire canal is so open as to admit the finger its whole length. Then the painless uterine contractions which come on at that time cause the dilated canal to spread out, the os internum disappears, the child's head descends to the os externum, and all is prepared for the parturient effort which is soon to occur.

Now, if this is true (and I am fully convinced that it is) it is evident that such thing as attachment of the placenta to the walls of the cervical canal is utterly impossible.

You may ask, however, why I deem this to be the correct view. I deem it so from having repeatedly examined pregnant women per vaginam with reference to the point, and from the fact that two post-mortem examinations made by me have substantiated it. So much for my deductions from personal observation. I also regard it as correct, because the profession in those countries where the greatest facilities for observation exist are almost unanimous in that opinion. In France, classes of medical students are formed for the purpose of practising what is called the "toucher" or touch by the vagina under the supervision of a teacher. A number of women in different periods of pregnancy are ranged around the room (*à la mode des compas*), and one after the other the students examine by the vagina and endeavor to determine the fact and period of pregnancy. Such opportunities for determining the point about which we are speaking are offered in few other countries; now, is it probable that the profession enjoying them should be in error? Is it not highly probable, to say the least, that they would correctly determine the point, when *such a business* is made of one of the most reliable means for establishing the truth with reference to it? My impression is, that almost all the latest French authorities entertain the view of Stoltz.

3d. That the part of the placenta which is found at the border, and sometimes even beyond the border of the os, has been separated, has slid down into this position, and is not attached there, is evidenced by the fact that the finger of the obstetrician will, when examining, always detect a separation for a certain distance from the os externum. Examine Hunter's 12th plate, showing placenta previa, and you will see in his description of it that he is particular to mention the detachment of the placental mass over the cervical surface, although he believes that it was formerly there attached, and that its separation was the result of dilatation of the parts.

This in great part accounts for the view of the older writers—that the entire organ had fallen from its attachment at the fundus. All that part of the placenta which they touched was detached, and they argued *ex parte dice omnem*. Had it been otherwise could such men as Guillemeau, Mauriceau, and others, have been led into the error which they adopted?

The cervical attachment of the placenta, then, I believe to be imaginary, and regard that organ as attached under these circumstances to the segment of the uterine body, just above the cervix, and perhaps covering entirely the os internum.

Varieties.—If it be attached to any part of the lower segment of the uterus, the case is one of placenta previa. It is, however, evident that the extent of the dangerous attachment must vary in different cases: thus, in one, only the edge of the organ may encroach on the forbidden ground; in another, the whole of one side of the segment may be covered; while in a third, the whole circumference of the segment just above the cervix, that is, just upon a level with the os internum uteri, may give attachment to it, and thus hanging like a veil across the uterine canal it entirely seals it up. The two first of these cases

would be styled partial, and the latter complete placenta previa.

Frequency.—There is no class of cases in the whole range of abnormal labors which causes in the mind of the obstetric practitioner the same apprehension and anxiety (I may almost say dread) as this, for so environed are they by dangers for both mother and child, so entirely unavoidable are these dangers, even under the best management, that the attendant, so far from being hopeful of gaining credit or experiencing satisfaction from their results, is generally happy to compromise with the rescue of only one life, and thus feel secure from complete discomfiture.

I would not be understood as stating that all hope of conducting such labors safely for both mother and child is to be discarded, but I wish you thus early to appreciate their extreme gravity and consequent importance; a conviction of which will surely come when you examine the statistics which tell of the mortality which attends them. Such being their nature it is most fortunate that they are of rare occurrence.

In 16,414 deliveries, Dr. Collins, of the Dublin Lying-in Hospital, met with only 11 cases, which at a rough estimate would give us a proportion of about 1 in 1,500; according to others, however, it is supposed to occur as often as 1 in 500, which is just about half as frequent as face presentation, prolapse of the funis, and transverse presentation.

Mortality.—As the statements of authors differ with reference to the frequency of the occurrence, so do they as to the mortality of this complication. Perhaps the most reliable statistics at our command are those of Dr. Simpson, of Edinburgh, who from a table composed of 399 cases, concludes that one in every three of the mothers has perished, which gives a mortality equal to if not greater than that of cholera, or yellow fever, in their most malignant forms.

Of the children, over one-half, indeed about two-thirds, are supposed to be lost. What more can be needed to convince you of the necessity for a close investigation of this subject before entering upon the course of life which is, in connexion with it, to invest you with so great responsibility?

Reasons for the fatality of placenta previa.—There must be, of course, some good reason why, in spite of all the resources of our art, so terrible a mortality should still be recorded. It is this: the very process by which nature accomplishes the delivery destroys both mother and child, or to make it clear by successive propositions:

- (a) *The child must sooner or later be expelled.*
- (b) *For this to occur the cervix and lower segment of the uterus must dilate.*
- (c) *Should they do so the placenta will be detached, and hemorrhage occur.*

As each succeeding uterine contraction dilates the cervical canal little by little, so does each tear off the constricting placenta portion after portion; and as each detachment weakens the woman, and injures the powers of the placenta, so does each increase the dangers for mother and for child, until, after a period varying according to circumstances, the fetal heart ceases to beat, and the exhausted mother sinks into a profound collapse. Her death is of course under these circumstances due to loss of blood; but should she even by the assistance of art overcome this danger, others scarcely less imminent await her. When the placenta has a pre-cervical attachment, the blood-vessels of this part of the uterus are immensely developed, and these being bathed by the lochial discharge which follows delivery, are very apt to take on the diseased action known as phlebitic inflammation, a condition which you know is most perilous to life. But again, when art comes to nature's relief, she generally does so by the operation of version, which often results in rupture of the cervical structure, which is very liable to give rise to dangerous post-partum hemorrhage, or to inflammation of the surrounding part.

Lastly, even if the performance of the operation of ver-

sion should ward off death by hemorrhage, and should itself result in no laceration of the cervix, it may destroy life by the shock which it produces.

You perceive then, that the sources of death to the mother are numerous and palpable, and at once surprise at the maternal mortality begins to diminish. To give them at a glance, they are:

- 1st. Exhaustion from hemorrhage.
- 2d. Puerperal metritis.
- 3d. The occurrence of post-partum hemorrhage.
- 4th. Exhaustion from the "shock" of version.

There are only two sources of danger to the child, but, alas! these are prolific in results. It may die from asphyxia, the placenta being incapacitated to perform the function of aeration of its blood. The sanguineous system of the child does not furnish any of the material for the hemorrhage, as is sometimes thoughtlessly supposed; its vessels are shut off from those of the mother and are unbroken, but those of the mother which should bathe them and aerate the blood which they contain are ruptured, and the entire respiratory function of the placenta is impaired in consequence.

How much of a loss either mother or child will sustain, of course cannot be estimated, for a flow which would speedily affect and perhaps destroy a weak individual of either class, would not seriously inconvenience one of more robust constitution. When, however, a severe loss of blood has occurred from the placenta before delivery, always make a guarded prognosis as to the child's safety, for children often die from a surprisingly small amount of hemorrhage.

When the woman dies from hemorrhage it is generally from repeatedly recurring gushes, consequent upon successive placental discs being detached; but this is not always so, for sometimes a terrible and unexpected flow occurs which destroys life almost instantaneously, and this too from a detachment of a very small portion of the placenta. Thus Dr. Hamilton relates a case of death from hemorrhage where less than one square inch of placenta was found by post-mortem examination to be detached. In these cases probably some large vessel (perhaps the circular sinus of Meckel and Jacquemin, which passes around the circumference of the organ) has been opened into or broken across.

Symptoms.—The symptoms by which this unfortunate state of things will show itself are these: during the last month of pregnancy the physician will be sent for very hurriedly by his patient, who will inform him that she has, without any assignable cause, such as a blow, fall, or effort, had a discharge of blood. Without much trouble this will be controlled, or has ceased before his arrival, and he leaves her. In eight or ten days this is repeated, perhaps during sleep, or while sitting quietly, and thus it continues at varying intervals to recur until the period of parturition.

In other cases no flow occurs until this time, and then it is observed to take place with each uterine contraction, and to cease almost entirely as it passes off. The flow which occurs before labor is due to development of the inferior portion of the body of the uterus, which in the last months develops more rapidly than the placenta, while that occurring during labor is produced by active dilatation of the cervical canal. In a case thus complicated a diagnosis must be made by the touch, and for this purpose let the entire hand be passed into the vagina, and the finger into the cervical canal, if the introduction of the finger alone into the vagina is not sufficient, which will often be the case when the placental attachment is high up.

The means of differentiating unavoidable from accidental hemorrhage were so fully given at our last meeting that I will not further refer to them here, than to state that the three main diagnostic signs are, the occurrence of hemorrhage before labor, its existence during and absence after a pain, and the discovery of the placenta by the touch.

Natural history of placenta prævia.—The course of cases of this complication left to nature, and entirely uninterfered with by art, varies somewhat; as a general rule, how-

ever, the hemorrhage continues until the woman, exsanguinated and exhausted, falls a victim to the unchecked drain before the delivery has been accomplished. Indeed, in a grave case, unless one of four propitious circumstances should interpose, there would be no reasonable grounds for hoping that the life of either mother or child would be preserved. The occurrence of one or more of them, however, sometimes averts the unhappy issue, and, in spite of the unfavorable nature of the circumstances, preserves the lives of both. Let us investigate the means by which nature, unaided, sometimes accomplishes what art so often fails to effect.

1st. The presenting part of the child may be so forcibly driven against the bleeding surface that its vessels are mechanically closed, and the labor allowed to continue without further loss.

2d. That part of the placenta attached nearest the cervix is gradually detached, while that adhering to the body above is left in place. The vessels of the placenta become plugged by coagula, while those of the uterus are closed by contraction of its fibres, and hence the flooding ceases, and as no further placental detachment is requisite the labor progresses without danger.

3d. The labor may be so rapid that in spite of the hemorrhage which accompanies it a safe delivery for mother and child is accomplished.

4th. The entire placenta may, by the violent efforts of the uterus, be detached and cast out of the vagina, when, as experience has taught us, the flow will generally cease entirely.

The mode of action of two of these processes in effecting the desired end is so evident that they will need no explanation: that of the second and of the fourth, however, involves a few words upon the nature of the hemorrhage in *placenta prævia*. In a former lecture I mentioned that a great deal of discussion had occurred in reference to the surface, the vessels of which furnish the blood which is lost in uterine hemorrhage; some maintaining that it escapes from those on the face of the placenta (those on the uterine face being closed by muscular contraction), while others (constituting the majority) supported the view that very little had this source, and that the great mass comes from the uterine vessels before contraction of that organ can effect their closure.

It would here be out of place for me to enter into this discussion, and I will merely state that my own conviction is that from both surfaces, uterine and placental, flooding occurs, but that by far the most obstinate and dangerous loss arises from the former.

When the placenta is placed over or near the cervix, the first uterine effort detaches a portion, generally of inconsiderable size, and instantly a gush takes place from the severed vessels of the uterus and placenta. So soon, however, as a firm tonic contraction has occurred in the uterine fibres, the vessels of that organ are ligated by them, a slight flow from the spongy placenta still continues, but (as is clearly shown by examination of that organ after expulsion) clots soon form in the vascular mass and check the discharge. The next contraction, however, separates still more, another set of vessels are broken across, and another gush takes place. This, like the preceding one, soon ceases, to be again excited by another uterine effort, until at last the birth is accomplished, or, as is more likely, the patient, if unaided, dies exsanguined and exhausted. So long as the placenta remains in part attached over or near to the cervix, these successive separations and consequent hemorrhages will occur, and nature is possessed of two means for obviating the continuance of this dangerous condition—she either separates that portion of placenta attached nearest the cervix, leaving that above still adherent, or by a powerful effort throws the entire placenta from its place, and casts it loose into the uterus or vagina. The second of the means by which she exerts her vis medicatrix has long been known; the recognition and enunciation of the first, in 1844, has inscribed the name of Dr. Barnes, of London,

on the page which shall henceforth describe the treatment of placenta previa, by the side of those of Portal, Levret, Rigby, Wood, and Simpson.

These are the means by which nature may conduct these distressing cases to a happy issue, but these are all, and should one of them not be spontaneously brought to her aid, the death of mother and child would soon occur unless she were succored by art.

Indications for Treatment.—Let us at this point briefly examine some of the data of our subject. It is necessary that a bulky body should pass through a gateway, the opening of which is as necessarily accompanied by danger; what are the means by which the passage may be safely accomplished? I know of but two, first to hurry the passing body through as rapidly as possible, so as to curtail the duration of the dangerous agency as much as possible; second, to remove the element of danger or quell its activity, so that the gateway may be slowly and safely opened. This is a homely illustration, but on that very account will answer my purpose. Applying it directly to our subject, you will readily agree that the indications are—

1st. To deliver the child as soon as possible, and thus prevent the necessity for *gradual* dilatation of the os and cervix, or

2d. To alter the state of affairs at the cervix so that gradual dilatation may go on without producing hemorrhage.

On these two principles hang all the methods by which nature rescues the patient from impending death; on these two precepts depend all the reliable methods of treatment ever devised for her assistance by art; in treatment we only imitate nature by developing one or more of the principles which she has pointed out to us.

The speedy delivery which the great vigor of the uterus sometimes accomplishes, we effect by version (or the forceps, should they be applicable, as is rarely the case); closure of the bleeding vessels by direct pressure, we produce by artificial evacuation of the liquor amnii; and partial or complete separation of the placenta, we imitate by two methods which I will now proceed to mention.

The first is that advised by Dr. Barnes, who, in 1857, recommended the practice of separating by the finger only that part of the placenta attached to the cervix, and leaving that attached above this point still adherent. All that separation, which must necessarily occur to admit of the passage of the child, is thus accomplished at once; succeeding uterine efforts do not affect that portion attached to the body; and tonic contraction of the uterine fibres closing the open vessels of that organ while coagula do the same for those of the placenta, the labor may proceed without further loss or assistance.

Dr. Barnes supports this practice by abundant clinical facts, and although my own experience with it is very limited, I do not hesitate to recommend it to you as a means in every way calculated to prove highly advantageous and preservative to life. The second method consists in the detachment of the entire placenta before the birth of the child. This practice was recommended, according to Tyler Smith, first, by Dr. Chapman, of Amptill, subsequently by Kenderwood and Radford, of Manchester; and lastly, falling into the able hands of Simpson, of Edinburgh, has been illuminated by his powerful genius, and now stands a well recognised and most useful aid in contending against these fatal cases. One objection to it, of course, is, that it almost entirely cuts off the child's chances for life; but unfortunately in many of these cases, so grave are their consequences that this is a matter of secondary consideration, and it will often answer a most excellent purpose.

In my last lecture, in speaking of the treatment of accidental parturient hemorrhage, I admonished you of certain *principles* which should be developed, and advised you to resort to the simplest; first, find out whether this would not be effectual, and if not, pass on to those which are more efficient. In the treatment of placenta previa such counsel would be dangerous, for as there are surgical hemorrhages

in which it would be futile to tamper with styptics, pressure, &c., but would be necessary to resort at once to the ligature, so here the cases are too grave to admit of temporising, and only a most powerful means can be relied on. The methods of treatment, by which, as I have told you, the obstetrician is enabled to imitate the preservative actions of nature, are these:

- 1st. Version.
- 2d. Partial separation of the placenta.
- 3d. Complete " " "
- 4th. Rupture of the membranes.
- 5th. The tampon, if forced to wait.

To leave a clear and distinct picture upon your minds of the circumstances which will demand one or the other of these, I will suppose two cases, one of a very grave character, the other accompanied by no very alarming flooding or other unfavorable symptoms. Let me remind you, however, that the majority of cases will represent grades between these extremes, and will require modifications of the rules given for them which nothing but the judgment of the practitioner can determine.

Management of a Case of Grave Character.—In a case of placenta previa accompanied by serious hemorrhage, no time is to be lost in trying the lesser means, but delivery should be accomplished as soon as possible. Should the patient's strength be sufficient to bear the operation, the child be living, and the os uteri dilatable, turn without delay.

Should her exhausted state, or the death of the child, render the operation in the first instance too hazardous, in the second useless, as far as the infant is concerned, we are prevented from resorting to the first indication which suggests itself, and betaking ourselves to the second, separate a part or the whole of the placenta; a part if it is found sufficient, the whole if it is not.

If a rigid state of the os prevents us from turning a child which is still living it would be well, if the woman would bear a further loss, to await the time when that part will dilate before separating the placenta and destroying all the chances of the fetus for life. While doing so, however, it is well to place our patient as much as possible out of danger, and to hasten the period for which we wait. To that end partial separation of the placenta should be effected, and a sponge saturated with a solution of the perchloride of iron placed against the os and kept there by filling the vagina with a tampon or plug, which accomplishes in itself both objects. Better still than a tampon the instrument called the colpeurynter might be used, or in place of it a hog's bladder tied to the end of a self-supplying syringe, introduced in a collapsed state into the vagina and then filled with water, may be employed. But remember this is only temporising, and that it merely prepares the way for the fulfilment of an important indication which it by no means effects itself. Thus you see that after all, the principles of treatment narrow themselves down to these—first, to deliver at once; second, to wait until the state of the parts will allow you to do so; third, to so alter the state of affairs at the outlet of the womb that the natural expulsion of the child may occur without danger.

You observe that in certain cases you will have to decide between complete separation of the placenta and version, while partial separation may be tried in any case. These are the circumstances which should determine your choice.

Version is preferable.

- When the child is living.
- At full time.
- When patient's strength is good.
- When the soft parts are dilatable.
- When pelvis is not deformed.
- In multiparae.

Separation of placenta is preferable.

- When the child is dead.
- Before full term.
- When patient is exhausted.
- When the soft parts are rigid.
- During epidemic of puerperal fever.

It has been objected to separation of the placenta in cases where the soft parts are rigid, that if the hand can be introduced for that procedure, version would be practicable. This is not, I think, without reason; but in certain cases two fingers will be sufficient to detach the after-birth, and even if it required the whole hand it would be much less dangerous to stretch a doubtful os for its admission to the wrist than for the introduction of the entire forearm and subsequent extraction of the child.

There are, I would have you particularly remember, few points to be decided in the practice of obstetrics which call for a greater amount of judgment in their decision than the period at which version should be performed in placenta praevia, and there can be no question as to the fact that its decision will often determine the fate of the patient. If, on the one hand, it is performed too soon, a laceration of the unyielding os may take place, and the woman be exposed to the great risks of post partum loss from the immensely developed vessels at the placental site, as well as to those imminent ones of phlebitis; while, on the other, if too long delayed, her forces will become so exhausted that the shock of the operation will produce death. Thus like the pilot whose difficult task it was to sail between Scylla and Charybdis, the obstetrician must keep these two dangers ever before his eyes in solving this delicate problem, the importance of which may be estimated from a statement of Dr. Simpson, that nearly the same proportion of women appears to perish from one as from the other set of troubles.*

And while upon this subject it will be well for me to guard you against a very prevalent error that, whenever version is called for by the loss of blood attending placenta praevia, this loss will itself render the parts yielding and dilatable, an error which has received the sanction of no less a name than that of Francis Denman. For that very reason it should be refuted; and to do so I will merely refer you to the positive assertions of Drs. Davis, Hamilton, Simpson, Ramsbotham, and Lee; and to show you how important the fact of the danger of forcing a rigid os, even when death is at hand, has been deemed by some of our most reliable guides in practice, I will read from Drs. Peu and Collins. The first remarks that, "to force and dilate the internal orifices of the womb is just so many deaths produced;" and the second, "I know of no circumstance so much to be dreaded as the forcible introduction of the hand where the parts are in a rigid or unyielding state." All this applies especially to primiparous women, in whom the parts are always more rigid and liable to laceration than in multiparous.

Management of a Case of Placenta Praevia unaccompanied by Grave Symptoms.—In case hemorrhage is very slight, and there is no cause for immediate apprehension, there is no necessity to resort to means which carry danger with their efficiency, but temporising judiciously (and never losing sight of the patient while doing so) the obstetrician may resort to minor means first. Thus, if the placenta is placed laterally, the membranes may be ruptured in the hope that pressure from the child's presenting part may check the flow. Should this fail, Barnes's method should be employed, or they may be used conjointly; after which, should the flow continue so as to require aid, version should be resorted to, under the restrictions mentioned just now; or, if the head is within reach of the forceps, they should be employed instead.

As already stated, in the performance of Barnes's method and entire detachment, the hand must be introduced entirely into the vagina, and the fingers into the os. Should the state of the os not permit even this, of course plugging the vagina and waiting would be all that we could do.

Should the placenta be placed directly over the os, and so obstruct it as to preclude the determination of the position of the child by the touch, determine this as well as you can by palpation of the abdomen, and by auscultation of the foetal heart. If from such a cause you are forced to turn without knowing the position, always do so with the

left hand, as the occiput is much more commonly directed to the left acetabulum than to any other part of the pelvis, and that hand would be applicable to such a case. In passing the placenta, thus obstructing the os, do not waste time in breaking through that mass, but slip the hand between it and the uterine surface.

Before leaving this important and very interesting subject, gentlemen, I will give you at a glance the various modes of treatment adapted to special cases, which will be recapitulatory of the whole of the foregoing remarks upon treatment.

A SYNOPSIS OF THE TREATMENT OF PLACENTA PRAEVIA WITH COPIOUS HEMORRHAGE.

1st. Os dilatable and woman not exhausted.	Deliver immediately by version or the forceps.
2d. Os dilatable and woman exhausted.*	Detach a part of the placenta, and should this not be sufficient, the entire organ; apply styptic, and stimulate.
3d. Os rigid and woman not exhausted.	Detach the portion of placenta nearest cervix, and, if necessary, apply styptic and tampon, or col- peynter.
4th. Os rigid and woman exhausted.	Detach part or whole of placenta, apply sponge saturated with perchloride of iron, and support strength by stimulants.

Those modifications which should be made in these rules when the hemorrhage is slight have been already sufficiently stated.

CLINICAL LECTURES.

DELIVERED IN THE N. O. CHARITY HOSPITAL.

BY AUSTIN FLINT, M.D.,

PROF. OF CLINICAL MEDICINE AND MEDICAL PATHOLOGY, IN THE N. O. SCHOOL OF MEDICINE.

LECTURE III.

DISEASE OF THE HEART AND EPILEPSY.

(Concluded from page 24.)

THIS venous pulse is, of course, caused by the heart's action. Now, is it caused by the contraction of the right auricle or the right ventricle? It must be caused by one or the other, because the jugular vein is in direct communication only with the right side of the heart. Clinical observation shows that it may be produced either by the right auricle or the right ventricle. Can we determine which? Nothing is easier. If produced by the contraction of the right ventricle, it must seem simultaneously or nearly so with the carotid pulse, because the two ventricles contract synchronously; but if produced by the contraction of the auricle, it should occur just before the carotid pulse, because observation has taught us that the auricles contract just before the contraction of the ventricles. I have only then to place my finger on the carotid and watch the venous pulsations in order to determine the relation to each other in which they occur. I satisfy myself that the venous pulsation just precedes the carotid pulse—a conclusion which I had not expected, because, from the strength of the latter, I had thought to have found it produced by the ventricle. It is, then, an auricular venous pulse. I have known both an auricular and a ventricular venous pulse to be present, and in this case, on close examination, I can perceive occasionally a slight undulation occurring simultaneously with the carotid pulse, and this I suppose to be due to the contraction of the right ventricle.

What is the significance of this auricular venous pulse?

* Simpson, *Obstet. Works*, vol. I., p. 694.

* By the term "exhausted," I mean to signify that the patient's state is such as to render operative procedure dangerous.

It shows that the right ventricle is distended, so that when the auricle contracts, the blood, not finding ready entrance into the ventricle, regurgitates into the large veins opening into the auricle. A ventricular venous pulse would show regurgitation from the right ventricle into the auricle when the ventricle contracts.

It is interesting to see how the condition of the right cavities of the heart, as indicated by the pulsation and fullness of the veins of the neck, harmonizes with certain symptoms in this case. The right cavities are overdistended with blood, arising, as we may rationally infer, from obstruction at the mitral orifice. This induces congestion of the systemic venous system generally. Hence, we have in part an explanation of the lividity or cyanosis to which I have called your attention. And it is this venous congestion, in a great measure, which has induced the general dropsy which we have seen to exist in the case. This latter symptom has occurred in accordance with a general law pertaining to cardiac disease, viz. it takes place, whenever in the progress of the disease, the right cavities become permanently so distended as to involve a considerable obstacle to the return of blood to the heart, and consequently a certain amount of venous congestion. The dropsy arises from the mechanical distension of the veins, although other circumstances, such as the condition of the blood itself, for example, may contribute to it.

I have not yet spoken of the pulse in this case. This symptom is significant. It is extremely small and weak. The radial artery feels under the finger like a thread, and the carotid is not readily felt. The contrast between the venous and the arterial pulse in the neck is striking. We can readily account for this state of the arterial pulse, by supposing the existence of considerable mitral obstruction. This obstruction, while it leads to over-repletion of the left auricle, and the right cavities of the heart, prevents the left ventricle from receiving a proper supply of blood. The small quantity of blood expelled by the left ventricle with each contraction, necessarily involves smallness and weakness of the pulse. The pulse, under these circumstances, also, is apt to be irregular and unequal.

I will now dismiss the patient, and then offer a few remarks further on the case.

The prognosis, I need hardly say, is unfavorable. There is but little prospect that, as regards the affection of the heart, the patient will be benefited. I shall prescribe a hydragogue cathartic with a view to diminish somewhat the water in the blood, and thereby perhaps relieve the general dropsy. It is doubtful, however, whether this object will be fulfilled. After this the indications will be to place the patient on a solid, dry, nutritious diet; to endeavor to increase the vigor of the heart's action, by tonic remedies; to keep the bowels open, and maintain free action of the kidneys. All that we can hope to accomplish is to postpone the fatal termination. But the probability is that, whatever measures are pursued, the dropsy will increase, and the case will end fatally at a period not very remote.

This patient furnishes us with an example, not only of organic disease of the heart, but of another serious affection, viz. epilepsy. He states that he has been subject to epileptic fits for the last three years, and that they have occurred sometimes after an interval of a month, and sometimes every two weeks. I suppose most of you are acquainted with the phenomena which characterize epileptic paroxysms. The diagnostic points of the form usually met with in practice, are the sudden occurrence of coma and convulsions, sometimes preceded by certain sensations which warn the patient of the approach of a fit, and sometimes without any warning; a cry, generally uttered at the moment of the attack, which is sometimes remarkably loud and piercing; clonic convulsions, often extremely violent, extending more or less over the body; spasm of the laryngeal muscles, occasioning difficulty of breathing, and consequently, congestion of the face and lividity; convulsive movements of the masticatory muscles, in consequence of which foamy saliva escapes from the mouth; thrusting

of the tongue between the teeth, and wounding of that organ, which causes blood frequently to be mixed with the foam on the lips. The paroxysm lasts usually from three to five minutes, when it passes off, leaving the patient more or less fatigued, frequently disposed to sleep, sometimes in a condition approaching to coma, and occasionally delirious. These are the characters by which an epileptic paroxysm is to be distinguished. We have no difficulty in recognizing the affection when we have the opportunity of witnessing the attack; but it will very often happen that we have not this opportunity. The patient, or the friends, simply tell us that he is subject to epilepsy; and in order to be assured that the fits are epileptic we have to obtain enough of the history to ascertain whether a sufficient number of the diagnostic characters are present. The friends may be able to furnish this information, but the patient cannot, for he is wholly unconscious of what occurs during the paroxysm. He only knows that he has had a period of unconsciousness, and he may not even know this when, as not unfrequently happens, the attack occurs during the sleep. When we have no other source of information than the patient's statement, we can often confirm it by an examination of the tongue. This organ is apt to be wounded by the convulsive movements of the masticatory muscles, so severely as to leave permanent marks of the injuries it receives, in the shape of fissures, which are the cicatrized wounds. In this case, having at first only the statement of the patient, I was led to examine the tongue, and the dorsal surface presented several fissures, which showed the statement to be correct. But the fact was substantiated by the occurrence of several paroxysms a few days after his admission.

Has the epilepsy in this case any pathological connexion with the disease of the heart? I suppose not; for out of a pretty large number of cases of disease of the heart which I have collected, I do not recall another instance in which epilepsy existed. It has been surmised that the paroxysms of epilepsy conduce to the development of hypertrophy and dilatation of the heart; but clinical observation does not furnish facts confirmatory of this surmise. In this case it is altogether probable that the disease of the heart preceded the development of epilepsy, although the latter disease appeared before the patient began to experience inconvenience from the former. In view of the infrequency with which the two affections are found to be associated, we must conclude that the concurrence is accidental.

With respect to the pathology of epilepsy, it is far easier to say what it is not, than to say what is the essential morbid condition on which it depends. It is customary to attribute the paroxysms to cerebral congestion, but we may say positively that this is not a correct explanation. Paroxysms occur often where there is no evidence that cerebral congestion preceded their occurrence; and we know that the paroxysms must induce great congestion, so that, according to this theory, the paroxysm ought to continue rather than terminate after the lapse of a few moments. Moreover, congestion of the brain undoubtedly occurs often enough in connexion with diseases of the heart and other affections, without giving rise to epilepsy. Congestion, as applied to different organs, is a very convenient term to cover up our want of positive knowledge. I conceive it to be far better always to admit our ignorance. We are nearer the truth when we properly take such a position, than when we commit ourselves to an erroneous hypothesis. In the former case, we have only to learn when the truth is developed; in the latter case, we have to unlearn before we can learn, and experience teaches that it is far more difficult to unlearn than to learn. Even if congestion were an essential morbid condition, it could not be considered to be the primary condition. Some other condition must precede the congestion, and give rise to it. The fact is, the pathology of epilepsy, with our present knowledge, is unknown.

The seat of the unknown morbid condition which constitutes the disease, is a mooted point. Some refer it to the brain; some (following Marshall Hall) think it is seated

in the spinal cord; and recently a distinguished anatomist in Holland regards it as an affection of the medulla oblongata. Professor Van der Kolk, just referred to, is the author of a work entitled, "The Minute Structure and Functions of the Spinal Cord and Medulla Oblongata, and on the Proximate Cause and Rational Treatment of Epilepsy," a translation of which has recently been published by the new Sydenham Society of London. As a deduction from the minute structure and functions of the medulla oblongata, he concludes that this part of the nervous system is the point of departure for the centric influences, giving rise to epileptic and other convulsions. But he also claims to have ascertained, by the examination of this part after death in several cases of epilepsy, that it is the seat of certain morbid alterations, viz. enlargement of the capillary vessels, hardening from an albuminous exudation, and sometimes softening from fatty degeneration. His pathology of the disease is that, in the first place, it consists in an abnormal sensibility and excitability of the medulla oblongata, and hence, various eccentric influences may excite epileptic paroxysms. Then, as results of the congestions incident to the repetitions of the paroxysms, the organic changes just mentioned occur—the vessels first becoming dilated, and afterwards exudation and fatty degeneration taking place.

I give this as the most recent endeavor to localize the morbid condition in epilepsy, and define its pathological character. The minute, careful, and extended observations of the author entitle his conclusions to respectful consideration. Whether they have advanced our knowledge of the pathology of the disease, remains to be determined by further researches. Assuming the correctness of the views held by Professor Van der Kolk, they are not without practical value. They indicate the importance of combating by local measures the state of morbid sensibility and excitability in the medulla oblongata before a sufficient number of paroxysms have occurred to lead to the structural changes which he describes. In this case the disease has existed already for three years, and it may reasonably be inferred that these changes have already taken place. Nevertheless, I have caused a seton to be inserted high up in the neck, a measure which Professor Van der Kolk advises.

With regard to the treatment of epilepsy, I will simply say that I am not prepared to advocate any remedy or remedies as specially applicable. Some years ago, a French author of a prize essay on the subject, Herpin, reported several cases in which the oxide of zinc had apparently effected a cure, when prescribed early in the disease and continued in pretty large doses for a considerable period. I adopted this treatment in several cases in which the disease had not been of long duration, and carried it out faithfully and perseveringly, but without any good result; hence, I did not feel sufficient encouragement to try the lactate of zinc, which the same author subsequently advocated as a more efficient remedy than the oxide.

The coexistence of epilepsy and disease of the heart, in this case, renders the prognosis even more grave than if the latter existed alone. The disturbance of the circulation of the heart's action incident to the epileptic convulsions, renders them not devoid of danger; and it would not be surprising if he should die in one of the paroxysms.

Note.—This lecture was delivered Oct. 30. Since the lecture was in type the patient has died, and the autopsy was made, the subject of a lecture, Dec. 27. Two days before death, several epileptical convulsions occurred, the first that had occurred after the delivery of the lecture. Prior to this the condition of the patient had improved, and after the recurrence of the epilepsy, dyspnoea became a prominent symptom, but the mode of dying was mainly by asthenia.

The heart was enlarged, weighing sixteen and a half ounces. Both auricles were greatly dilated. The right ventricle was dilated, the walls three eighths of an inch in

thickness. The left ventricle was hypertrophied, walls seven-eighths of an inch in thickness, and the cavity contracted.

The curtains of the mitral valve were united at their sides, leaving a slit like a button-hole. The orifice was so much contracted that the end of the little finger could not be passed through it. A small patch of calcareous deposit existed on the auricular aspect of the valve, none elsewhere. The aortic valves were somewhat thickened and contracted, but they must have been nearly sufficient. The valves of the right side of the heart were normal.

The foramen ovale was closed. The veins cavae were greatly dilated.

The right lung was firmly attached by old adhesions. This lung was everywhere deeply congested, and in several patches blood was infiltrated (Pulmonary apoplexy).

Reports of Hospitals.

BUFFALO GENERAL HOSPITAL.

TRACHEOTOMY IN CROUP, DEATH.—FRACTURE OF SKULL, TREPHINING, DEATH.

By JULIUS F. MINER, M.D., ATTENDING SURGEON.

Case 1.—Croup, Tracheotomy, Death.—A little girl six and a half years old, of previous good health, was noticed early Wednesday morning to be very hoarse, and to breathe with some difficulty. At ten o'clock, she was admitted to the medical ward, under Dr. Wyckoff, with the following symptoms:—Skin moist; pulse 120 per minute; speaks only in whisper; dyspnoea very great; slight cough; general redness of the fauces, with no appearance of false membrane. Dr. W. prescribed sulphate of zinc and ipecac as an emetic, which operated very soon, affording not the slightest relief. I was now invited to see the child with Dr. Wyckoff. We regarded the case as exceedingly unpromising, and as affording very little if any prospect of relief from medical treatment. Tracheotomy was proposed, as offering the only remaining hope, slight indeed and hardly to be entertained; we advised pulvis ipecac et opii, and sulph. quiniae, two grains each every four hours, and appointed four o'clock P. M., for again visiting the child. For this was the true time to operate, if at all, as every hour was diminishing our chances of success; yet we reluctantly determined to delay for the purpose of obtaining the advice and assistance of our colleagues.

Four o'clock, P. M.—Respiration more difficult, pulse more rapid and feeble; surface livid, and all the indications of approaching death from asphyxia. About seven o'clock, the child being under the influence of chloroform, assisted by several members of the Hospital Staff and Medical Students, I proceeded to the operation of tracheotomy. The struggles of the child, constant rapid motion of the trachea, the profuse haemorrhage, the effects of the chloroform, and other circumstances greatly embarrassed the operation, and when at length the tube was introduced, it immediately filled with the membranous product which you here see, three or four inches in length completely filling the tube and necessitating its removal. Again it was replaced, and we had the pleasure of seeing our little patient breathe with ease and comfort; on Thursday morning, we found our patient very comfortable, breathing with great ease, taking water, beef essence, &c., and appearing cheerful and hopeful; hopes were now entertained of her recovery. In the afternoon, respiration became more frequent, pulse more feeble, and the rapidly increasing prostration, with evidences of bronchial inflammation, pointed too certainly to a fatal termination. She died thirty hours after the operation, and I here present you the morbid specimens, which afford points of great interest and importance. The inflammatory

exudation was so profuse and abundant as to completely fill the trachea, as if moulded into it. Below the point where the tube was introduced, there was observed a more recent formation, or product. The first was removed at the time of the operation, but it was afterwards renewed and extended into the minutest bronchial tubes, which we were able to trace. This exudation was more extensive than I have ever seen. The rapidity with which the effusion takes place, and its extension over large surfaces, are characteristics of the croupous exudation.

Prof. Rochester has examined some of this effusion under the microscope, and reports that it is the common croupous exudation.

Case 2.—Depressed Fracture of the Skull—Trehphining—Recovery.—Thomas Ley, 26 years, admitted December 5. He had fallen from the cars on the Central Railroad, while in full motion. The frontal bone was fractured and driven down upon the brain with scalp, hair, dirt, etc., etc. He was insensible, breathing slowly and sterterously, had convulsions before my arrival at hospital, and was supposed to be dying; had vomited the contents of stomach with large quantities of blood. By using the trephine we made a clean opening in the skull, and carefully removed from the brain structure, large quantities of bone, dirt, &c., with at least one ounce of brain matter, which was so bruised as to be taken off with the removal of foreign matter. During this operation he had a severe convulsion, and I delayed the work, thinking him about dead. The fracture extended to the longitudinal sinus on the one side, below to the orbital plate, and we had the skull removed for a space about three inches by two. Most of the fragments of bone and foreign matter were removed from over the orbital plate. Hemorrhage was profuse, but abated somewhat upon the application of water dressing, and a light bandage. His respiration gradually became more easy and natural, and he appeared to rally a little, growing warm, and showing approaching reaction. The next day he told us his name; the day after he gave his father's name and place, since which time he has answered all questions slowly by speech, or by very deliberate motion or sign. All the functions of the brain and organic life are properly and naturally performed without apparent loss of power, while yet quite a large portion of brain substance is wanting. It is very remarkable that this injury did not produce immediate death from concussion, causing suspension of all nervous influence, but having escaped this, the sources of danger are yet very numerous, a few of which I will mention. Compression would seem sufficient to certainly cause death in a very short time. Hemorrhage, from which he also escaped, though it was profuse, and continued in some degree for several days. Loss of brain substance, which, as I have said, seems in this case to be no great loss after all. Fungus, from which, at one time, it seemed certain he would suffer, disappeared upon careful compression. Inflammation with effusion or disorganization is also to be greatly feared. Pyæmia, purulent absorption, and infiltration with formation of abscesses in other and distant organs. The very abundant discharge, depression of nervous energy, disinclination for food, and other influences greatly increase the danger of exhaustion. I have attempted only to give a brief account of the nature and extent of this injury, interesting mainly as showing the remarkable powers of nature.*

BROOKLYN CITY HOSPITAL.

EPILEPSY—DEPRESSED BONE—DEATH.

[Reported by H. W. BOONE, M.D., Resident Physician.]

MARY K., aged 30, German, a domestic. Admitted Jan. 22, with note from a physician, who stated that at three p.m. yesterday she was taken with an epileptic convulsion,

* January 6th, 1861. This patient is nearly well, sitting at table, and eating dinner, when I visited the hospital to-day.

followed by others, which occurred at short intervals, but without return of consciousness. These continued frequent from seven to nine p.m., when chloroform was administered by inhalation. This reduced their frequency, and at twelve she was in a sound sleep, but soon became restless, but still was unconscious. Treatment:—mustard sinapisms to lower extremities, and stimulating enemata. Vomited at six this morning. Ten a.m.—Ol. tiglio. gt. i. On examination after admission a large scar was found on the forehead, which looked as if it had been the result of a compound fracture with depression of bone. A stimulating enema was given, and in half-an-hour another, which was followed by copious evacuation. Still no return of consciousness. Respiration sterterous. Face flushed. Pupils normal in size, but insensible to light. Dr. Isaacs having seen her thought an operation unadvisable. The patient was transferred to the medical wards, and sinapisms applied over the spine. Jan. 23.—No improvement. Convulsions as frequent as ever; remained unconscious. Jan. 24.—Has high fever. Ordered tart. ant. gr. $\frac{1}{2}$ every two hours till fever subsides, and hydrg. sub. mur. grs. ii. every four hours. Jan. 25.—Convulsions continued frequent, and strength gradually failed till half-past four a.m., when she died, immediately after one of her paroxysms.

Post-mortem, eight hours after death, proved the existence of fracture of the frontal bone at the point indicated by the old scar, commencing in the right internal angular process of frontal bone, about half an inch external to median line; the fracture extended upwards, parallel to median line, one inch and a half, thence outwards and downwards to the articulation of external angular process, with frontal process of right malar, and through this articulation to external boundary of orbit. The triangular fragment included by the above outline was depressed nearly three-eighths of an inch at its internal border, the external angular process remaining in its normal position. The fracture through the internal table corresponded with that of the external, and extended backwards through the roof of the orbit, which was broken into several fragments. On the internal surface a ridge of bone one and a half inches in length, half an inch in breadth, and a quarter of an inch in depth, was found along the perpendicular line of fracture pressing on the brain. The brain was healthy, except that portion which lay upon the ridge of bone just described. At this point softening of the brain was unmistakable. It was found after the death of the patient that she received the injury six months before, and that she never had convulsions previous to her last illness.

COLLEGE OF PHYSICIANS AND SURGEONS.

PROF. PARKER AND MARKOE'S CLINIC.

December 31, 1860.

DR. MARKOE.

EPILEPSY THE RESULT OF INJURY TO THE SKULL—TREPHINING—CURE.—CARIES OF RIB—SUB-PERIOSTEAL ABSCESS.

CASE XX. Epilepsy the Result of Injury, etc.—Ann M., aet. sixteen, fell in the street five years ago, receiving a severe blow upon her head, over the left parietal bone. The skin was not broken at the time of injury, though she remained insensible for two hours; and upon recovering her senses, symptoms of epilepsy began to develop themselves, with mental deterioration, and partial paralysis of the left arm. Two years after the receipt of the injury, the fits of epilepsy increasing in frequency and violence, Dr. Jas. R. Wood trephined her skull, removing a spicula of bone. She has had no fits since the operation, and her paralysis is much better; still the arm is nearly useless, from rigidity of the muscles, which are in a state of chronic contraction. The joints also are all of them stiffened.

Remarks.—This has been a contusion of the scalp, with simple fracture of the bones of the skull; a spicula of bone

keeping up a constant irritation of the brain, producing the paralysis and epileptic fits. Dr. Wood recognised some persistent source of irritation, which he removed in the operation of trephining, and was so far successful as to remove the cause of the fits; but the inability to use the arm still remains, and may be in part dependent upon the long disuse of the muscles, and the deposition of fibrine about the joints, and tendons of the muscles; or the rough circle of bone left by the trephine, may keep up sufficient irritation to cause this chronic spasm of the muscles. This condition presents a striking contrast to the paralysis caused by pressure upon the brain by a clot of blood, or depressed portion of bone; in which case the muscles are soft and flabby, and the arm hangs powerless by the side.

Treatment.—The source of irritation having been removed, it is probable that the patient will regain the use of her arm by recourse to friction and daily exercise.

CASE XXI. *Caries of a Rib.*—This little boy, who has blue eyes, light hair, and a rather delicate physique, is seven years old. About two months ago, without any apparent existing cause, a tumor showed itself upon the right side of his chest, midway between the nipple and the sternoclavicular articulation. Since then it has gradually enlarged, till it is now nearly two inches in its largest diameter.

Diagnosis.—This tumor is either parietal or internal in its origin. Auscultation reveals a perfectly healthy and normal condition of the intra-thoracic organs; it is, then, a parietal growth. It is not developed in the integument, as that structure is perfectly healthy and movable over the tumor, which seems to be continuous with the bone of the third rib. It is surrounded by a hard margin, within which fluctuation is perceptible. This is a case of caries of the rib, resulting in the formation of a sub-periosteal abscess. The matter which is formed at the carious point, pushes out the periosteum, producing a tumor of flattened convex shape, like the crystal of a watch. As this disease progresses, the attempt at repair, which continually goes on around the margin of the diseased part, occasions a deposit of bony matter forming the wall of circumvallation which we feel around the tumor. The most common seat of caries of the rib is near the middle of the bone, the next is near its articulation with the sternal cartilages. It is frequently the result of accident, generally determined by a cachectic condition of the system.

Treatment.—It would be the height of impolicy to open an abscess of this description. It is not so much by removal of a carious part as by correction of the cachexia, upon which its condition depends, that we are to obtain relief in these cases. This boy should be warmly clothed, well nourished, and sent, if possible, into the country, where he can have plenty of exercise in the open air. He may also take the iodide of iron internally, joined with external applications of the tinct. of iodine. All local irritation of the part should be carefully avoided, and, at the best, it will be a long time before complete recovery can be expected.

UNIVERSITY MEDICAL COLLEGE.

PROF. METCALFE'S CLINIC.

January 5, 1861.

CONGENITAL MALFORMATION OF THE SEMILUNAR VALVES—
REMARKABLE TRANSMISSION OF SOUND.

CASE IV.—J. V. P., aged 7½ years. His parents state that at the time of his birth there was an unusual quickness and force in the heart's action, and that he also breathed very quickly. Their attention being thus called to his condition, they were induced for some reason or other to listen to the chest, when they discovered the existence of a loud rough sound, which accompanied each impulse of the heart. The patient has suffered from scarlet fever and whooping-cough, the latter about two years ago, which has caused an "hour-glass contraction" of the chest. His

pulse is 108 and regular, but small; has never been cyanotic. The first thing to be done in suspected heart disease is to see if any prominence of the chest exists; this state of things is noticed upon the left side. The visible impulse of the heart, which should be generally not larger than the end of the finger, extends over a space fully an inch and a half vertically, by two inches horizontally. The apex of the heart should strike about half way between the nipple and the sternum, and in the fifth intercostal space; but in this instance we have it about half an inch to the left of the nipple in the fifth intercostal space, which fact makes it almost certain that the organ is larger than natural. On placing my hand over the left chest, I find that throughout nearly the whole of its anterior portion above the sixth rib, there is a thrill which is also distinctly felt on the right side, an inch beyond the nipple. On auscultation, there is discovered a plainly marked systolic murmur, most intense at the base of the organ. It is audible, however, to a certain extent over the whole of the thorax, on the point of each shoulder, very distinctly throughout the length of the spine, and also down each arm as far as the elbow. Dulness on percussion commences at the lower border of the second rib, and extends down to the fifth intercostal space, embracing a vertical space of four inches; it commences one inch to the right of the median line, and extends as far to the left as the nipple, over a space horizontally fully three and a half inches.

From the physical signs which have been developed here, there is no doubt in the first place that the child has hypertrophy of the heart, for you have the increased dulness on percussion, dislocation of the apex upwards and to the left, and also the forcible impulse given to the hand. In looking after the cause of the disease, we have to leave out of the account what we generally look for in older persons, viz. antecedent rheumatism. There can be no doubt that the trouble was congenital, from the straightforward account of the condition of the child at birth. The situation of the maximum intensity of sound at the base of the heart, and the smallness of the arterial pulse, would lead us to infer that there is some obstructive disease of the semilunar valves. The precise nature of the organic disease we would have very little, if any trouble, in determining, provided the patient had suffered previously from rheumatism; this, however, not being the case, we are forced to believe that the cause of the murmur is due to original malformation of the valves, perhaps deficiency. There may be only one valve at the commencement of the aorta. If this latter be admitted, the present condition and progress of the disease can well be accounted for, inasmuch as the left ventricle has more than its share of the work to perform, and hence the hypertrophy. The distance from the heart at which the abnormal sounds are heard is one of the great peculiarities of the disease under consideration. Patients suffering from this congenital trouble are sometimes attacked with rheumatism, and the physician, if he be not careful in arriving at a diagnosis, would be apt to treat as an acute disease one which had existed for years.

The prognosis in these cases is not good for great longevity, though they may live to become adults. In this particular instance the enlargement of the heart is too considerable to promise much. The treatment must be only expectant in character. I have seen several cases of the sort which corresponded exactly, as far as the peculiarity of transmission of sound was concerned, though in neither of them was this feature so marked.

MEDICINE IN PRUSSIA.—The medical Staff of Prussia, according to the last survey, in a population of 17,739,913 inhabitants, amounts to 358 district physicians (these are paid by government shares to attend the poor gratis); 4,327 physicians who have the doctor's degree; 996 surgeons of the first class; 643 of the second class; 6,026 doctors for animals, first and second class; 1,529 the first, and 11,411 midwives.

American Medical Times.

SATURDAY, JANUARY 19, 1861.

THE ROLL OF CRIME.

DURING the year 1860, just closed, 116 citizens of the city of New York died by the hand of violence. Of this number, 59 are recorded as homicides, and 57 as suicides.

The problem of the prevention of crime has taxed the genius of the wisest statesmen and the most experienced philanthropists. To this end the penitentiary, the prison, the rack, and the gallows have been established, but as yet without avail in completely restraining the vicious. With reference to homicide this question presents two phases: 1st, The removal of the causes of crime; 2d, The punishment of the criminal. It will surprise no one to learn that on investigation it appears that in the great majority of cases of homicide, intemperance is the cause. In this city, so distinguished for its "rum for the million," it supplies the animus to the criminal, however thoroughly his plans are premeditated, in nine cases out of ten. This fact is so patent to every observer that it needs no illustration at our hands. But one plain, simple, practical question presents itself to the legislator, viz. shall this prolific cause of the most heinous crime known to human society, be removed? On the answer to this question depends the length of our criminal calendar. We are aware that many difficulties tend to complicate its settlement in the affirmative, but we are also aware that these obstacles have been met by other communities, and resolutely overcome. The results of such legislation have always been of the most cheering character. Penitentiaries, prisons, and almshouses have been deprived of their occupants, and even courts have met to adjourn without a cause upon their criminal calendar. No man can doubt that if during the year upon which we have entered, not a drop of spirituous liquor was drunk by the people of this city, our almshouse, hospitals, and prisons would be emptied of nine-tenths of their present number of inmates, and our criminal statistics for the year would be reduced 99 per cent.

In the correction of criminals, the first impulse of government was to appeal to the fear of men, and hence have been instituted the most frightful punishments. While the more simple offences growing out of avarice and kindred propensities were thus checked, the more heinous crimes, which are the result of violent and intensely stimulated passion, received but little restraint. Subsequently a more philosophical study of criminal jurisprudence discovered the fact that vicious men are restrained rather by the certainty, than the severity of punishment. This led to important discriminations in the degrees of crime, and corresponding modifications in the severity of the penalties. This principle should never be lost sight of in legislation for the suppression of crime.

But with the progress of human knowledge and practical Christian philanthropy, new opinions have been formed of man's moral nature, and of his relations to his Creator and his fellow men, which are yet to lead to the most important modifications of our criminal laws. The question, should

not all punishments be so modified as to be reformatory of the individual? is already receiving a practical solution in many States. The final prevalence of the conviction, that the period of restraint of the criminal, should be taken advantage of by the State for his reformation, that he may be returned to society a good citizen, will be the grandest triumph of a Christian civilization.

The prevention of suicide involves also two points, viz. 1st, The removal of its causes; 2d, The removal of the means by which it is accomplished. The alleged causes of suicide are numerous. They are insanity, intemperance, melancholy, disappointment, revenge, &c. If, however, each case were carefully investigated, we doubt not these causes with due discrimination might, for the most part, be reduced to one, viz. insanity. The researches in psychological medicine have established the fact that insanity lurks in the community in concealed forms; while all are cognizant of its sudden development in the perpetration of shocking crimes. There can be no doubt that many who are actively engaged in business, or walk the streets, or mingle in society, have those mental proclivities which the most trifling perturbing causes would so unbalance as to lead to personal violence. Most physicians can recall instances of the self-destruction of persons, who, on reflection, they recollect have exhibited many singular peculiarities to which they did not attach sufficient importance. Towards this class of suicides our profession has a most important duty to perform. They should be more thorough in the investigation of the secret springs of melancholy, disappointment, or other disturbing influences of the mind and passions, and so far as possible remove them. Had this been done in numerous cases recorded in this list, it is evident many lives would have been saved, and much human suffering and misery prevented.

Of the means by which suicide is perpetrated, there is but one class over which we have control, viz. poisons. The law of this state is now sufficiently stringent to prevent the sale of poisons to irresponsible persons, *provided* it is enforced. But it is a melancholy fact that of these fifty-seven suicides, twenty-four accomplished self-destruction by poisons. On the druggists of New York falls the fearful verdict of **TWENTY FOUR MURDERS IN THE YEAR 1860!** What answer have they to make why sentence should not be pronounced?

THE WEEK.

A New York correspondent of a *Philadelphia* paper, who does up the small medical talk of this city in the bad English characteristic of penny-a-liners, manifests so much solicitude for our welfare that we are constrained to relieve him. We now learn, what was formerly not so apparent, that he had a high appreciation of the "Old New York Journal of Medicine," but he is dubious as to the success which has attended the transfer of its subscription list to the *Medical Times*. We can assure our lachrymose neighbor, that the experiment has been entirely successful, and we may state now, what we ought to have mentioned on the first of the year, that though the *New York Journal of Medicine* had one of the largest medical subscription lists in the country, that list has more than doubled during the last six months, and at its present rate of increase will quadruple before the first of July next. He is also grieved that the editorials of the *Times* are so "uncommonly

heavy;" a similar, and quite as significant remark was once made by a blasted, upright ear of wheat, to a neighbor, bowed with the weight of ripened grain. Finally, he is perplexed to understand (no great novelty in his case, we are confident) why the *TIRES* is so slow in reporting the proceedings of Medical Societies. We will explain to our obtuse friend, that the following has been a sufficient reason with us for this delay: If the proceedings of our medical societies are of any scientific value, they are worth the labor of a careful preparation and revision by the societies, or at least by the members who participate in their discussions, before being placed on permanent record before the medical world. Besides, every person justly desires to have his statements correctly recorded, and we believe that it is entirely unjustifiable in the conductors of medical Journals to report the discussions of societies without proper revision by the members. Now, as our societies meet but once in two weeks, a delay is necessary to obtain the revision of the society; or, if we consult each member separately, a considerable time must elapse. It is no great feat to prepare the trashy reports of medical societies which appear in the daily papers, and elsewhere, the material of which is of such a perishable nature that it would not keep a week. And we commend to this writer and all who are in want of similar reports of our medical societies, these publications. But we can assure the readers of the *MEDICAL TIMES*, that while we shall make all possible haste to publish the scientific portion of the proceedings of our medical societies, its pages shall never be occupied with ill-digested reports, and discussions of topics of interest only to the society in which they occur.

At the annual meeting of the New York Pathological Society, held Wednesday January 9th, 1861, Dr. A. C. Post was elected President, Drs. T. C. FINNELL and D. S. CONANT, Vice-Presidents; Dr. GEO. F. SHRADY, Secretary; and Dr. WM. B. BIBBINS, Treasurer.

Two important bills have been introduced into the Legislature of this State. The first by MR. ROBINSON of the Assembly, relates to the health of New York, Kings, and Richmond Counties, and the waters thereof; the second by MR. MURPHY, of the Senate, creates a Commission of Lunacy, and Inspector of Almshouses. The objects contemplated in these bills are of vital importance, and have been, and still will be, steadily advocated in our columns. Any Health Bill which supplants the present wretched Health Department of this city, and is organized upon a scientific basis, should be supported by every well-wisher of New York, and of his fellow men. It is quite impossible to inaugurate a more contemptibly inefficient system of sanitary surveillance than that which exists at present; indeed, we have nothing to fear in the matter of bad legislation, in regard to our health police. If there is any legislation in this direction, it must be for the better; we only fear that the present, like past legislatures, will leave us another year to the merciless extortions of King Stork. The necessity of establishing a Commission of Lunacy in this State, has been too frequently discussed in our editorial columns, to allow us to suppose our readers uninformed. We hope the physicians of the State will take especial care to urge upon their representatives the importance of this commission.

WE have received a pamphlet entitled the *Murray Hill*

Quarterly. The number contains a variety of sentimental articles, and concludes with advertisements of the preparations of the Proprietors of the Murray Hill Pharmacy, successors to the late H. C. Pridham, 438 Fourth avenue. These advertisements conclude with a recommendation of the firm by Drs. H. S. HEWIT and F. L. HARRIS. These gentlemen disclaim such use of their names. From evidence furnished us it appears that they gave the recommendation supposing that only the most choice pharmaceutical preparations were to be furnished for country physicians. They now believe that their signatures are used to recommend a variety of nostrums, and hence revoke them.

The lesson which this transaction teaches is too plain to be mistaken. Physicians are too prone to allow their names to be used by druggists and others, who finally compromise their position by the base use to which they put them.

We are in the daily receipt of letters from physicians in different parts of the country inquiring for the most recent opinions on Diphtheria, now so wide-spread and fatal. While we shall be able to furnish in the course of this volume a large amount of information upon this subject in addition to the course of special lectures by PROF. CLARK, we would call the attention of those who desire the most recent literature of diphtheria, to the excellent work of DR. GREENHOW, issued to-day by Messrs. Baillière. This work has just appeared from the English press. It contains a complete exposition of our present knowledge of the history, pathology, and treatment of this disease by one of the most able British writers on epidemics.

Review.

PROCEEDINGS AND DEBATES OF THE FOURTH NATIONAL QUARANTINE AND SANITARY CONVENTION, held in the City of Boston, June 14, 15, and 16, 1860. Reported for the City Council of Boston. Boston: Geo. C. Rand and Avery, City Printers. 1860. 8vo. p. 288.

THIS volume has been brought out in the usual good style of Boston publishers, and from a hasty glance at its contents we are convinced that one great work was completed, and another and greater work was inaugurated at the Fourth National Sanitary and Quarantine Convention. The vexed questions of quarantine were finally and for ever settled, so far as a voluntary convention of delegates from our Atlantic cities could determine such a settlement; and as a natural sequence of former labors and inquiries, the convention declared its purpose to carry forward the greater enterprise of sanitary improvement in all the cities and towns throughout this country. The special reports made to the convention on questions relating to civic hygiene, exhibit the fact that sanitary questions far more important to life and health than those relating to quarantine, remain to be solved and adjusted.

LIEUT. VIELE'S Report on Civic Cleanliness, and DR. GUTHRIE'S Report on the Sale of Poisons, elicited much discussion, and left the convention far more questions to examine than were thought of before those reports were read.

The Report of DR. EDWIN M. SNOW, of Providence, on Registration and Vital Statistics, is a model of concise completeness. It should be made the basis of the systems of registration in all our cities. We shall again refer to this report, and also to the paper presented by DR. HARRIS on Disinfection by Heat. But we need to make special note of the *completed* work of the session, viz. "Quarantine Regulations as approved by the National Quarantine Convention of the United States."

In this report, of less than forty pages, are embodied both the principles and the *regulations in detail* required in the safe and rational management of quarantine, and all external sanitary systems in this or any other country.

After enumerating the requirements and the defects of existing regulations of quarantine, and fairly stating the questions that relate to a proper adjustment of the interests of commerce and travel with improved means of sanitary protection, the report gives in detail, "Specific Measures of Quarantine, severally applicable to Yellow Fever, Cholera, Typhus, and Small-pox, with the variations which different localities require." These details are considered under the heads: 1st. *Quarantine Hospitals, and the proper care of the Sick.* 2d. *Quarantine Warehouses and Docks, and the proper disposal and care of infected things.*

The location, character, construction, and care of quarantine hospitals, together with the distribution and care of the sick, are practically discussed, and a well considered and simple programme of quarantine administration is laid down. Next is presented a *Code of Marine Hygiene, with provisions in detail*, relating to sanitary measures at ports of departure, during the voyage, and on arrival; together with a definite statement of the specific executive arrangements, and the sanitary authorities required for carrying into effect those measures. The details are all included in sixty-four sections, and they are exceedingly definite and business-like; and it is probable that some of the proposed measures will awaken popular inquiry, if not selfish opposition. For example, sections ten and eleven provide for a thorough sanitary inspection of sea-going vessels previous to departure, and section sixteen directs that "in no case should the number of individuals to be accommodated on board any vessel, or in any apartment provided for the accommodation of crew or passengers, exceed in ratio one individual to every four hundred cubic feet of air space, together with provision for effectual ventilation in all weathers." Ship fever and cholera would seldom be heard of on ship-board if provisions of that character were carried into effect. This report on external hygiene cannot fail to commend itself to the medical profession and to experienced quarantine officers in all parts of the world. And we are pleased to observe that it perfectly harmonizes with the last reports and discussions of the same subject in the British Social Science Association. Dr. Milroy will be gratified to find that Americans as well as Europeans, after suffering the burdens of Quarantine, have discovered "what it is and what it should be."

Second Annual Report of the New York Sanitary Association. For the year ending December, 1860. p. 23.

THE New York Sanitary Association appears to have become a permanent institution among us, and if judiciously conducted it may be a means of accomplishing much good.

It appears, from the Annual Report, that "the Association now numbers upwards of two hundred and fifty members," and that "the professions of Medicine, Law, Public Instruction, Divinity, and the callings of commercial and industrial life, are fairly represented in the membership."

However difficult and objectionable it may be to attempt to popularize the details of medical science, in the departments of pathology and therapeutics, none will admit so readily as physicians themselves that it is desirable widely to diffuse and apply the principles of sanitary science, which is *preventive medicine*. The Sanitary Association has undertaken a world-wide and an unending work; and its members acknowledge that "the human necessities and the philanthropic obligations which called it into existence, will continue so long as ignorance, neglect, and selfishness continue to be the great producing causes of disease, suffering, and demoralization among our fellow beings."

In addition to the labors, hitherto undertaken, the Association proposes to enter upon a system of direct instruction in domestic hygiene; for this purpose it appeals to the ladies and to the various eleemosynary organizations of the city to co-operate in efforts to improve the sanitary condition of the homes of ignorance and poverty.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, JAN. 9, 1861.

E. KRACKOWIZER, M.D., President, in the Chair.

TYPHOID FEVER COMPLICATED WITH PLEURISY AND PNEUMONIA.

DR. WOOD presented a specimen of ulceration of Peyer's patches, accompanied with the following history:—The patient was admitted to the Hospital on the 15th of September, after a week's illness of typhoid fever. The disease progressed as usual for about a fortnight; at the same time it was discovered by Dr. McCready that there was dulness under the left clavicle extending down as low as the third rib. His typhoid symptoms progressed, and he appeared to be doing well, until some intercurrent pneumonia appeared on that side, which was followed in a few days by pleuritic effusion. This latter symptom was relieved by Dr. Ferguson, who made a puncture between the seventh and eighth rib, discharging a large quantity of serum. After this he gradually ran down, diarrhoea supervened, and he died on sixth of November. The post-mortem examination disclosed existence of pneumonia and miliary tubercle in the right lung, and also ulceration of Peyer's patches.

FIBRO-PLASTIC TUMOR OF THE EYE.

DR. NOYES exhibited an eye which had been extirpated two weeks before. The patient from whom it was taken was a young man 19 years of age, a Polish Jew. He stated that seven months previously the sight of his left eye began to fail, and that during the three last months it was entirely lost. About three weeks ago he first came under observation, when he presented no external abnormal appearance in either eye; there was no unnatural congestion of the parts, and no pain was complained of, but he was unable to see anything with the affected eye. The pupil was active and the iris was unchanged in color; but on looking through the pupil there was an unnatural color coming from the bottom of the eye, which on close inspection was found to be confined to the temporal side. The examination by the ophthalmoscope disclosed the existence of a tumor

which occupied at least one-third of the posterior portion of the vitreous humor, and which seemed to be developed in the substance of or behind the choroid coat. Inasmuch as no acute symptoms showed themselves, it was deemed advisable to do what could be done by medication, and he was placed for a few days upon the alterative plan of treatment. In the meantime no change took place, until at a subsequent visit to the Infirmary, after an absence of three days, he presented himself with violent inflammation of the whole eye, the pupil was widely dilated, and it was impossible, from the amount of hemorrhage which had taken place, to see the tumor. The operation of extirpation of the eye was performed at once. The tumor was then found to be developed upon the temporal side of the eye, as was before suspected to have been the case, but the eye itself, save the evidences of the existence of acute inflammation, was unchanged in structure. The tumor was developed in the stroma of the choroid coat, and was covered by pigment; no abnormal adhesion to the surrounding parts existed, but it was so situated as to leave only one quarter of the retina in its normal position, a considerable portion of the vitreous humor being absorbed. The tumor measured eleven-sixteenths of an inch in length, and its longest diameter was exactly one inch. Upon microscopical examination of its internal parts, it was found to consist of the ordinary fibro-plastic elements.

RENAL CALCULUS WITH SYMPTOMS OF INTERMITTENT FEVER.

DR. METCALFE presented a specimen of a small mulberry calculus, which had been passed by a gentleman 59 years of age. He had been in good health until the middle of the summer of 1859, when, in Paris, he was confined to his bed for about a week; the nature of his illness was obscure to his physician, but the prominent features were severe pains in the loins, and nausea. It was thought to be colic, and the idea of the existence of calculus suggested itself. This gentleman afterwards came home, and was in good health until some time during the past summer, when having spent some time at Staten Island, he was seized with the symptoms of intermittent fever; which attacks came on with shivering, nausea, and violent pains in the loins. During my absence, he was treated by Dr. Thomas, who kept him under the use of quinine, but the paroxysms would recur regularly at the end of every fortnight. The presence of a calculus in the kidney was strongly suspected, and the urine was very carefully examined, but no trace of crystals was found. About a fortnight ago, he was seized with another one of his paroxysms, which as usual was attended with a great deal of pain in the back. I then examined the urine myself, and found nothing abnormal in it. I went to see him one morning about a week ago, and found that he had been passing blood quite freely, the urine in the vessel was very darkly tinged, and pure blood flowed from the urethra. He stated that in urinating he heard something drop into the chamber, which after a search proved to be a small calculus. Since that time the hemorrhage disappeared, and he has been troubled no more with any of the distressing symptoms already referred to. I look upon the case as one in which the passage of the calculus gave rise to the symptoms of intermittent fever.

ULCERATION AND STRICTURE OF THE COLON—FACAL ACCUMULATION—PERFORATION OF THE INTESTINE.

DR. ALONZO CLARK described the following case:—A distinguished gentleman, sixty-six years of age, and much beloved, had been suffering from indisposition not very grave for about three weeks before Christmas-day. He was able to perform all his duties up to that time, and only complained that he had very incomplete unsatisfactory alvine evacuations. His habits were regular in regard to the movements of his bowels, going always to the water-closet immediately after shaving, and this habit was kept up. I may better say here that in October last he had an attack of pain in the bowels associated with constipation, which his

physician treated by cathartic medicine combined with opium, and relieved him entirely after he had several semi-fluid evacuations. From that time he went on to the time referred to in his usual health. On Christmas-day, having important duties, he performed them with great exertion and extreme fatigue, and went home, and, if I remember rightly, took to his bed, from which he never afterwards arose. Constipation was now a prominent feature in his case, together with pains in his bowels, confined principally to the right iliac region in the neighborhood of the ileo-cecal valve. His pulse was not excited, his bowels were not tumid, his physician could knead them, could press his hand back against the spinal column, and grasp them in his hand without exciting pain. Until the Thursday following Christmas (Christmas being on Tuesday) he himself had no anxiety about his case, and did not send for a physician. On Saturday a physician was called in consultation. On Sunday this gentleman had severe pain in his bowels and some tumefaction, which, however, was not extreme; the pain was not fixed in character, yet he commonly referred to the right iliac region as its seat. From Thursday to Sunday there had been no movement from the bowels, notwithstanding cathartic medicines were pretty thoroughly tried; injections would return as they were introduced, with the exception now and then that there would be a little washing of fecal matter. On Monday two other physicians were sent for, and they found the bowels considerably swollen, not extremely so, and a certain degree of tenderness over most of the extent of the abdomen. In the region to which he referred most of his pain, the swelling was not produced by solid or fluid fecal matter alone, but good deal of air. The tenderness in that region prevented deep pressure being made, and the precise character of the whole accumulation, whether partly gaseous or partly fecal matter, could not be ascertained. His pulse by this time had become about one hundred, if I remember rightly; on Monday, it was ninety-six, and on Tuesday, one hundred and four, thus gradually increasing. His pain was of a colicky character, and he would moan during its continuance; during these times, on applying my ear to the abdomen, there would be a vast amount of rumbling, gurgling, and every variety of sound, showing that the peristaltic action of the intestine was by no means abolished. The opinion that was formed when the first physician was called was, that there was some mechanical obstacle to the passage of fecal matter from one part of the intestinal canal to the other. When the larger consultation met, the inquiry was made as to whether any intussusception or hernia existed, but on search neither of these could be found. One prominent feature of the case from beginning to end was absence of vomiting. He continued in this condition until Tuesday night without much change, and at the time of the visit, 8 P.M., he complained of a sudden pain different in character from that which he had before in this region where the larger amount of swelling was, and said the sensation was as if something had given way or been torn. The attending physician was requested to go up in the room and ascertain the cause, and returned saying that he could discover nothing new. Next morning there was a great deal more tympanitic distension of the abdomen, yet the tenderness was not materially increased. The tension of the abdomen was so great that when a piece of oil-silk was placed upon the part, its weight seemed to him great enough to constrain the movements of his respiration; it was accordingly removed, and an ordinary linen cloth substituted. Still attempts were made to procure evacuations, chiefly with calomel in five grain doses every three or four hours along with castor oil during the greater part of this, the last week of his life. Injections were resorted to repeatedly, but without more effect than before. On Wednesday a fifth physician was called, who advised bleeding. The suggestion was accepted by the majority of the consultation, and he was bled from the arm pretty freely, and was also leeched twice over the principal seat of the pain. But no amelioration resulted from this; he gradually sank,

his pulse becoming more and more frequent, *yet there was no vomiting*. I repeat that, because it seemed to us all a very emphatic point in his case. The long tube was repeatedly used, but with no more effect than that which attended the ordinary injections. On Thursday night, this plan, which had been successful with some of the gentlemen, was finally adopted, of throwing up six or eight ounces of warm water, and desiring the patient to retain it for twenty minutes or half an hour, when a full injection with a little salt was given with the hope that it would return. This was repeated every hour, and he felt more comfortable from it; and finally abundant dejections were procured of what appeared to be healthy fecal matter, but as they continued his strength did not increase, and gradually after this he sank, his pulse growing more frequent until it attained the number of one hundred and thirty-six; then it fell off in frequency, and gained nothing in force. His extremities became cold, and a little purple, and in this condition he died, Friday, about noon. He himself had desired that a post-mortem examination should be made, being aware of the embarrassment that his physician had labored under; the physicians being all persuaded that there was mechanical obstruction in the large intestines, but of what nature, or exactly where, they were all in doubt.

The *autopsy* was made on Sunday. Ulceration of the descending colon was discovered at a point nearly opposite the lower extremity of the kidney, or rather it was first ascertained that there was marked constriction of the intestine, and the whole of the constriction was of a very dark color, very much as if black thread had been tied around it.

This constricted portion was carefully dissected out and the intestine opened from above downwards to the stricture, and from below upwards to the same point, and the entire portion was exposed to view. In that way it was ascertained that nearly the whole of the periphery of the intestine had been the seat of chronic ulceration. It seemed evident that this ulcer had been advancing in one part while it was cicatrizing in another, the consequence of which was a very marked contraction of the whole tube, so that the point of the little finger could be barely inserted into it. At the inferior verge of the obstruction was what appeared to be vegetative production, which grew directly out against the inferior border of the stricture, and in its natural position formed a sort of plug to the passage from below upwards. Beyond this the colon presented nothing remarkable. At the cecum and first portion of ascending colon there was very great distension. Taking out the portion above and below and tying up the contents, we found them to be fluid in character, and in the main of the same as the copious dejections that took place during his life; but in addition to that there were found in this sac cranberries unbroken in I don't know what numbers. We picked out oats, with the husk on, and a great number of little flexible sticks of some sort or another that had been taken by the mouth; the stem of an apple, etc. We afterwards ascertained from the family that he had eaten no cranberries for four weeks; they had no recollection whatever when he had eaten oatmeal gruel. But a curious circumstance noticed here was that the intestine had been ruptured upon its peritoneal coat, the surface had been rent a distance of fully five inches and had slid upon the other tissues so as to leave a space between the rent edges equal to an inch-and-a-half in width, and producing in the muscular coat which was thus exposed several little points of ecchymosis. At one spot in that denuded portion was a place not quite so large as a three-cent piece, covered with a greyish material, which, when scraped off, left a depression like an ulcer. There was also a corresponding appearance on the mucous surface of the intestine at the same point, so that there was left a mere film of areolar tissue which was perforated with minute openings. Before the intestine was open it was taken in the hand and pressed gently to see if any air would pass through. It was found that numerous little streams of air did pass, and also the fluid contents of the gut.

The peritoneal cavity I might have mentioned before, but it is equally opposite here, when first opened was found to contain quite a large quantity of foetid gas. It was so considerable that immediately after the abdominal cavity was opened the tympanitis, which had been considerable, immediately subsided, and the walls fell away so as to form quite a depression. The amount of inflammation in the peritoneum was inconsiderable; there was a mere film of fibrinous exudation over a portion of the intestine, while other portions were decidedly injected. A striking point in describing the inflammation I should make, that it was least considerable at the place where the peritoneal coat of the intestine was ruptured.

I should remark that the vegetation has been examined by Dr. Sands, who reports it to be a modified epithelium tumor, made up of hypertrophied mucous membrane and columnar epithelium.

(*To be continued.*)

Correspondence.

ALBANY MEDICAL COLLEGE.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I noticed an article, signed "Incog.," in the AMERICAN MEDICAL TIMES of Dec. 8, 1860, from Albany, N. Y., in which the writer casts a slur on some of the Professors of the Albany Medical College. He says: "If medical teachers would learn that when they have attained a somewhat advanced age they are no longer capable of instructing classes, because they are no longer able to keep pace with the improvements in the medical sciences, it would be a great blessing to most of our schools. Albany College would be especially benefited, could some of the younger men be placed in the professional chairs now occupied by men who annually teach the same old obsolete doctrines."

The first part of this quotation is entirely unjust in the present instance, and it is unmanly to represent either of the seniors in the institution in this light. PROF. JAMES MCNAUGHTON has nearly completed his fortieth year of medical teachings, a portion of which were at Fairfield, in this State, where he taught anatomy and surgery. Since the organization of Albany Medical College he has taught the Theory and Practice of Medicine in the institution, and with what success we leave it for the thousands of students who have listened to him attentively to answer. For one, *I can never forget his purely practical teachings*, and his full determination to fathom and expose to the student *all the important practical truths*, on the one hand; and, on the other, the barefaced and hydra-headed iniquities of the various *isms* and pathies of popular fancies. I can say more; through my medical studies it was a source of great pleasure to know that we had such medical men for council, and that the profession would lose much were he to retire, either from the College or Hospital, or even withdraw his counsel from the profession. So far from not "being capable of instructing his classes," I may say that he might instruct many who are very much younger among the professors of medical colleges in this country; for myself, I should be proud of being called his disciple.

The next in point of age is PROF. ALDEN MARCH, who has taught anatomy and surgery for nearly forty years; has gained a distinction as an operator and teacher that any young Esculapius might wish to emulate. He has been a very successful teacher, and by his own almost unaided effort has succeeded in establishing the Albany Medical College, even against the greatest opposition. Through all of his teachings he has displayed the greatest activity of research—both in his own country and in Europe—which continues unabated even to this period of his labors. He has thus evidenced a strong mind, an iron will, and an

elastic constitution, seldom witnessed in one who has done so much of the work of building up the profession in this new world. The Professor's counsels would be very much missed from our medical circle, either at the Albany Hospital, College, or in general surgical practice.

As to the other four of the faculty of this College, they are among the medium and younger class of professors, all of whom stand pre-eminent as professors in their various branches of medical science.

The next quotation which I shall notice is: "It has long been a kind of one-man power, and far more subservient to private and personal aims and ends, than public good." This latter clause is, in some respects, I frankly confess, too true, and especially in reference to the management of its dissecting rooms and library, while the chemical laboratory has been above criticism. Let us examine this a little more in detail. The library, which, like the institution, belongs to the public, is closed for ever from the general professional reader; while a portion of the library is set apart, and a few of these books are dispensed to the students during the sixteen weeks of lectures. The general library is closed, and no one has access in any manner except the "one-man power" spoken of. This valuable library contains most of the foreign, as well as the home Medical Journals; yet for some reason, not fully explained, the Directors of the Institution have neglected to continue them up to the present date, of necessity destroying their comparative value. This neglect must be construed into parsimony, if it was not a notorious fact that the Albany Medical Society had proposed to complete the same from their own funds, and so keep up the series to the extent of their yearly available means, on condition that the college should keep its library open for the medical profession, the same as our state library is kept *pro bono publico*. This proposition was rejected as the ultimatum of negotiations. This condition, the present efficient and accomplished librarian cannot remedy.

The dissecting department has been truly "a one-man power." The advantages, in this indispensable branch of medical education, have been limited, and being confined mostly to the sixteen weeks of lecture term, the students find little opportunity to do justice to themselves. There are no facilities except in the evening, and that only during the lecture term. There are no private teachers in the city, outside the "one-man power," and if there was an attempt at this, it would be vilified, and students made to believe that, if they were found guilty of trying to obtain that knowledge, under difficulties, which they needed as a desideratum, outside the authorised, would be "one-man power," they could not graduate in the institution. If a Demonstrator of Anatomy becomes obnoxious, he is at once summarily dismissed, even without notice, and when asking for the privilege to continue his anatomical pursuits in the college as usual, was *refused this small boon except he submit to the insult of receiving it as if he was still a student, no more or less.* This class of functionaries are, in *this* institution, like a foot-ball made to be kicked, and not like those in any other institution in the country. Within the period of ten years, there have been no less than four of these functionaries, three of whom have been thus summarily dismissed.

The chemical department is probably the best conducted and arranged laboratory in the country. There is ample accommodation for many students, and it is open at all times for the advancement of analytical chemistry.

I am, very truly yours,
JOHN SWINBURNE.

ALBANY, Dec. 29, 1860.

FOREIGN CORRESPONDENCE.

Letter from DAVID P. SMITH, M.D.

LONDON.

Nov. 12.—Mr. Jones of Jersey remarked, when here some time ago, that he had removed the astragalus, together with

two inches of tibia and fibula, in a case of compound fracture, with the effect of preserving a useful limb. He also remarked that the comparative slight shortening of the limb rendered it necessary to suppose that there had been some reproduction of osseous tissue. There are many cases of phthisis met with in the Infirmary. Prof. Bennett treats them entirely with nourishing diet and cod liver oil, and repeatedly expresses his opinion that it is not an hereditary disease, but is caused entirely by insufficient nutrient, clothes, and shelter. Prof. Simpson regards the fact that there is no nerve fibre in the umbilical cord as proof positive that there can be no influence exerted by the imagination of the mother upon the fetus in utero. He says it is not true that he is as strenuous an advocate for the constant use of the speculum as has been represented. He would restrict its use entirely to those diseases in which it is valuable as a means of diagnosis, which as a rule makes its use rather infrequent. He said that a patient had some time ago come under his care for simple polypus of the uterus, accompanied by slight ulceration, who had previously been under the care of a distinguished obstetrician, Dr. Ashwell, who had declared that if he was obliged to use the speculum twice a week, he would give up practice. On being questioned, the lady averred that she had been under Dr. A.'s care nine weeks, and that he had used the speculum every day, Sundays not excepted.

Nov. 22.—Mr. Turner, in demonstrating the anatomy of the fore-arm, remarked that the synovial membrane enveloping the flexor tendons at the wrist extended up some distance upon the lower end of the radius, thus placing it in the way of injury from any fracture of the lower end of that bone. He remarked that some years ago a subject was brought into the dissecting room in which he found, in connexion with fracture of the lower end of the radius, adhesions formed between the bone at the seat of injury, and the synovial sac, and flexor tendons, in a manner that must almost entirely have prevented flexion of the fingers. In the Royal Infirmary cotton batting is used in burns, bound on dry without any oil or other dressing.

Every Saturday at 11 a. m., Dr. Rutherford Haldane, pathologist to the Royal Infirmary, shows and delivers a lecture upon all pathological specimens that have been obtained during the week by post-mortem examinations. Several examples of aortic aneurism have already been shown. In one, death was produced by the bursting of the aneurism into the pleura adjacent, which, being tied down by adhesions, forced the impetuous blood to dissect its way even up behind the trachea and larynx.

Nov. 23.—Prof. Bennett remarked that, while Dr. Todd acknowledged to one death in seven in pneumonia, with his stimulant treatment, which was unquestionably better than the antiphlogistic treatment, he lost one in twenty-three according to his statistics, and believed that of pure pneumonia he lost none. His plan is to nourish the patient well with rich beef tea et id genus omne, to stimulate gently if the pulse becomes feeble, and the moment the urine begins to furnish chlorides or phosphates to give a gentle diuretic. I have watched carefully four cases of the severest description treated in this manner, and certainly their progress was very satisfactory, and recovery rapid. They were all double pneumonia. Prof. Bennett remarks frequently that he never apprehends an unfavorable termination in uncomplicated pneumonia, however severe it may be. In a very animated clinical lecture upon the treatment of this disease, he remarked that during his period of service in the Infirmary, he had had up to the present writing 90 cases, of which three had died. These three he claimed ought not to be counted, inasmuch as one was carried off by ulceration of the bowels, one by brain disease, and the third by renal dropsy. Thus it will be seen that the mortality from pneumonia in his cases is quite *nil*. He remarked that some time past he had caused an inquiry to be made into the mortality of pneumonia, years ago in the Royal Infirmary, when bleeding was in vogue. The case books which extend back for many years

had been carefully gone over, and the cases of this disease therein found carefully tabulated. Their mortality was found to be one in three.

Nov. 30.—Dr. Bennett gave a lucid explanation of the phenomena occurring in pleurisy, characterizing it as a far worse disease than pneumonia. In pneumonia he had no fear, if proper treatment was pursued, but that complete recovery would follow, leaving no trace behind; but in pleurisy an abnormal state of the pleura always remained. In remarking upon mercury, he characterized the confidence by many placed in it as most extraordinary, and dependent upon loose and vague experience, so called. He now never employs it, and sees no reason to regret his disuse of it.

Dec. 3.—Professor Simpson called our attention to three cases in his ward in the Infirmary which were, he said, instances of a disease which had never been described by any author, but which he judged was quite common.

They were cases where the normal absorption of the muscular fibres of the uterus developed during pregnancy, had been arrested, and the uterus retained the size it had when involution ceased. The opposite state sometimes, though far more rarely, occurs; that is, super-involution—complete was ing away—of the uterus. In the three cases of arrestment of involution, one seemed to be occasioned by haemorrhage, the two others by inflammation of the uterus. These cases may be met with from one month to two years or more after delivery. The usual time required for the normal process of absorption is four, five, or six weeks. There are no especial physiological symptoms of this state, except perhaps bearing down and leucorrhœa. Retroversion, however, often occurs during this arrested involution. The physical diagnosis is easy, but the uterine sound furnishes the most reliable testimony. This state is sometimes present after abortion. The treatment by antiphlogistics, Prof. S. remarked, almost never failed; but the sooner after this arrestment took place they were employed, the better. He very rarely employed leeches. Counter-irritation; the administration of the bromide and of the iodide of potassium; and the application of mercurial ointment, or even of solution of cantharides, to the os uteri and upper part of vagina, are the most reliable means. In some chronic cases deobstruent remedies must be continued for a long time. Mercury can be used, but the iodide or especially the bromide of potassium is preferable. Five to ten grains of the bromide may be given twice or three times a day, without the slightest detriment to the general health; but on the contrary with benefit. On quitting the use of it many persons miss its tonic and stimulant effect. Sir Charles Locock thinks he has cured epilepsy dependent upon disorder of the genital organs by this remedy. It appears to be the main ingredient of most German baths. I—Prof. S.—have been convinced that this remedy in my hands has availed to the diminution and almost complete absorption of fibrous tumors in the walls of the uterus. Sometimes, after that the process of absorption has commenced, and the uterus is fast coming down to its normal size, arrestment takes place. At this juncture introduce a sponge tent or intra-uterine galvanic pessary, so as to cause slight enlargement again; then withdrawing this cause of hypertrophy, absorption will again commence and go on to complete cure.

In cases of super-involution, that is when, after delivery, the uterus becomes smaller than natural, and indeed in process of time almost entirely wastes away, a different course must be pursued. The causes of this state of things have not yet been ascertained. The progress of this affection is sometimes very slow and sometimes rapid. One case seen by me six years after delivery had the uterus diminished to two inches in length. Here menstruation had been every year more and more profuse. Another case subsequent to delivery never menstruated, and one year after delivery had a uterus less than two inches in length. In these cases early senility occurs. Chalybeates and tonics seem to do no good unless accompanied by local

treatment. The best thing you can do is to introduce an intra-uterine galvanic pessary, using at first a small one, and every week increasing its size. With this local treatment use iron and tonics—give three times daily one grain of phosphate of iron and one grain of phosphate of manganese dissolved in a teaspoonful of water with a very little phosphoric acid.

DIPHTHERIA IN OTSEGO COUNTY, NEW YORK

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—This disease first made its appearance in the central portion of Otsego county, in the fall of 1860. The premonitory symptoms made their appearance very suddenly: in many cases the attack was so violent, that in six hours after the chill the patient would be completely prostrated. In every case witnessed by me, more or less fever succeeded the chill, usually of a typhoid character; in a few instances it assumed a typhus type. No symptoms attended it which in forming a diagnosis could be mistaken for scarlatina. Although in both diseases the throat is affected, yet the diseased condition of the throat and oesophagus differs very materially. Pharyngeal paralysis attended several children that came under my care, requiring stimulatory appliances and the saline bath.

The secondary or after effects of diphtheria sometimes prove very troublesome, and in some instances fatal. I noticed in three or four cases spots upon the surface, resembling petechiae one patient was suddenly attacked with syncope; in which state he ceased to breathe.

I have lost none to whom I was called within forty-eight hours after the attack. My first business is (if it has not been done) to relieve the stomach and bowels of their morbid contents by the use of a gentle cathartic; apply tr. iodinii to the neck, three times per day, and with a sponge probang, alternately apply a solution of chlorate of potash and nitrate silver, to the ulcers in the throat; sponge the body with diluted nitro-muriatic acid; gum water, beef tea, wine, quinine, and iron, as the case may require. Tonics are indispensable. If neglected or too sparingly used, alarming debility may ensue, the surface of the body become colorless, muscular power in a very short time lost, and the patient soon ceases to breathe.

I have been much gratified at the beneficial results growing out of the use of *nitro-muriatic acid* to the surface. It not only acts as a counter-irritant but as a tonic. Where I have had opportunity to use it early in the disease, I have not witnessed the debilitated, flabby, soft condition of the muscles, or colliquative sweats, which so often lead us to an unfavorable prognosis.

E. W. SPAFFORD, M. D.
PORTLANDVILLE, OTSEGO CO., N. Y. Dec. 31, 1860.

Medical News.

DIAGNOSTICS OF AURAL DISEASE.—This is the title of a new work on the ear, by S. E. SMITH, M.R.C.S., to be issued in February, by H. Baillière, London.

DEATH OF DR. JOLIT.—On Saturday, Dec. 15, in the French Protestant Church, Dr. J. suddenly died, aged 70. He had followed his profession in many parts of the East, but subsequently settled at London, where he devoted much time to the relief of the French Protestant poor, by whom he was much beloved.

WOORARA IN CONVULSIVE DISEASES.—PROF. VELLA has recently experimented with woorara to test its power in counteracting the effects of Strychnia, and was led to conclude, that it was not only an antidote to that poison, but also an important remedy in convulsive diseases.

FATAL EFFECTS OF LARGE DOSES OF CHLORATE OF POTASH IN PHthisis.—An inquest held January 16, upon the body of Mr. John S. Tuttle, of Bergen, N. J., reveals the fact that deceased was suffering from phthisis; that he applied to a physician of this city, who ordered eight ounces of chlorate of potash to be put up in twelve packages, one of which (containing over 300 grains) was to be taken daily in a pint of water. He took four powders on consecutive days when the pains in his bowels became very severe, incessant vomiting came on, and finally death ensued. Dr. Booth, assisted by Dr. Olcott, of Jersey City, made a post-mortem examination, and found the external coat of the stomach in a state of inflammation; the internal coat was yellow, the same as that he had vomited; it was soft and could be easily separated off with the handle of the scalpel leaving the muscular coat entirely bare; the lungs were diseased, but the patient might have lived six months or longer. Dr. Olcott and Dr. Booth were of the opinion that the medicine (chlorate of potash) was the immediate cause of death. Dr. Booth testified that from ten to thirty grains of chlorate of potash was a dose, and he had known bad effects from twenty grains given once in three hours.

ANIMAL LIFE AT THE BOTTOM OF THE SEA.—Dr. WALLICH (*Lancet*), who accompanied the recent expedition to survey the projected North Atlantic Telegraph Route between Great Britain and America, in endeavoring to determine the limits and conditions essential to the maintenance of animal life, has proved that animal life exists at the depth of two miles below the surface. Here where the pressure is calculated to amount to at least one ton and a half per square inch, and where it can hardly be conceived that the most attenuated rays of struggling light can penetrate, he has not only discovered the minute infusorial Foraminifera, whose calcareous envelopes protect them from pressure, and whose organization is of the simplest, but he has obtained from a sounding, 1200 fathoms deep, a number of star-fishes (genus *Ophioicoma*), adhering to the lowest fifty fathoms of the deep sea line, which must have rested on the bottom a few minutes, to allow those star-fishes to attach themselves.

A NEW WORK BY PROF. GROSS.—Prof. Gross announces that he is engaged upon a systematic treatise on the Injuries and Surgical Diseases of the Scalp, Skull, and Brain, and its Membranes, and he asks the co-operation of the profession in furnishing him "such cases and practical reflections as may have arisen in the course of their experience."

THE NEW YORK SANITARY ASSOCIATION.—At the stated meeting, Jan. 3d, PROF. MORRIS, of the New York Institution for Deaf Mutes, presented another instalment of his report on Marriages of Consanguinity. At the next meeting of the Association, he will read the concluding report upon this subject. The statistics of idiocy, deaf-mutism, and insanity, are made to demonstrate the disastrous consequences of the intermarriages of blood relations.

At a special meeting of the Association, held Dec. 27th, a committee reported upon the agency of women in promoting sanitary improvements; the report taking strong ground in favor of calling into exercise the personal efforts of properly qualified females, "in the work of practical instruction in the homes of the ignorant upon the application of the principles of health and domestic welfare." The following suggestion, perhaps, is worthy of consideration: "In the care of the sick and the unfortunate, there can be no substitute for the tenderness, patience, and ready resources of women. And the committee would express their conviction that the specific qualifications requisite for skilful nursing of the sick, are identical with those which will be found necessary for the work of practical instruction in domestic hygiene; and that a band of female health missionaries, would be equivalent to the qualification and outfit of a staff of superior nurses and instructors in nursing."

LIGATION OF THE ARTERIA INNOMINATA.—DR. E. S. COOPER, of San Francisco, writes (*Am. Med. Gaz.*): "A short time prior to my last communication to you, I ligated the arteria innominata. To-day is the 30th day, and the patient has every prospect of recovering, so far as could be judged by any other evidence than that based upon the results of past experience of other surgeons. I had to remove the external extremity of the clavicles and the right side of the summit of the sternum, to cut off both attachments of the sternomastoid muscle, to dissect away part of the lower extremity of the scalenus anticus of the sterno-hyoid and sternothyroid muscles, before it became possible to ligate the vessel." Violent hemorrhage occurred on the 20th day, which, we learn, was repeated and proved fatal.

THERE are six hundred boats, and four thousand two hundred men, now employed in the sponge fishery of the Ottoman Archipelago. Sponges are found at an average depth of thirty fathoms, and a good diver will make from eight to ten dives in a day.

THE increasing demand for Cinchona barks, and the increasing difficulty of supplying that demand, have induced the Dutch Government to undertake the transportation of a supply of plants and seeds of the Cinchonas to the island of Java, where the soil and climate are believed to be favorable for their successful growth. We learn from the *London Pharm. Jour.* that this enterprise has been entirely successful, the young trees already yielding bark of a good quality. The East India Company has also undertaken the same enterprise, and through the efforts of their agent, Mr. Markham, upwards of two hundred plants are now on their way to India.

AMONGST the prizes recently accorded by the Academy of Medicine at Paris, were two sums of fifteen hundred francs, and eight gold, and two hundred silver medals to medical men and midwives, for services of different degrees of merit in generalizing vaccination.

THERE were one thousand two hundred and eight deaths in London during the week ending Dec. 15.

THE practice of conveying patients affected with fever, small-pox, and other infectious diseases to the London hospitals in street cabs, which are subsequently hired by others, is one so fraught with danger, that the guardians and overseers of the poor have been authorized to incur the expense of supplying and maintaining a proper carriage for this purpose.

BELGIUM possesses 51 establishments for the insane. Out of 4,500,000 inhabitants 4,907 are insane, being one in every 920.

AMERICAN PRISON AND REFORMATORY ASSOCIATION.—This new organization is the result of a movement made more than a year since with a view to take efficient measures for introducing needed reforms into penal and reformatory institutions throughout this country. The first step towards this result was in the shape of an informal meeting convened in Philadelphia during the Fall of 1859, composed of Inspectors, Directors, and Wardens of Prisons. An Executive Committee was then appointed, who subsequently invited the attendance of officials in various penitentiaries, houses of correction, jails, and other penal institutions, at a Convention to be held in this city. This convention met in this city on Nov. 28th, and was attended by delegates from New York, Pennsylvania, Michigan, Ohio, Maryland, and New Jersey. During the session interesting papers were read and discussed, a Constitution was adopted, and the following officers elected for the ensuing year:—For President, Dr. John H. Griscom, New York; Vice-Presidents, James J. Barclay, Philadelphia; Samuel H. Buskirk, Indiana; Recording Secretary, W. A. Wisong, Maryland; Corresponding Secretary, William Parker Foulke, Philadelphia; Treasurer, A. D. Evans, Baltimore; Executive Committee, Gideon Haines, Massachusetts; N. W. Clark, Michigan; J. T. Everett, New York; H. E. Parsons, Ohio; R. P. Stott, New Jersey.

THE ACADEMY OF MEDICINE, at its stated meeting on Wednesday evening of this week, declared its adherence to the letter and spirit of the Code of Ethics, and by an almost unanimous vote has absolutely prohibited the practice of reporting its proceedings in the secular papers.

THE first volume of a new work on Surgery has just been issued in London; and the whole is to be completed in four volumes, the second being now in press. It is edited by T. HOLMES, and among the contributors are SIMON, COOTE, PAGET, LEE, MOORE, POLAND, and others.

TO CORRESPONDENTS.

E. A. and others.—The postage on the bound volume of the *American Medical Times* is 40 cents, and on the cover 9 cents. The postage on both must be pre-paid.

COMMUNICATIONS have been received from:—

Canada—Dr. J. FOOTE. *Connecticut*—Drs. J. P. PHILLIPS, G. WELLS, C. C. CUNDALL. *Illinois*—Drs. Z. C. BROWN, F. T. MAYBURY, S. C. GRISWOLD, W. WELLINGTON. *Indiana*—Drs. E. H. CRIPPEN, S. ATION, J. MENDENHALL, H. J. BEYERLE. *Iowa*—Drs. J. N. DUDLEY, J. G. WILLIAMS. *Maine*—Drs. L. PERKINS, M. SWEAT. *Massachusetts*—Drs. H. M. HOLMES, W. MINER, C. N. CHAMBERLAIN, J. FOSTER, P. W. ALLEN, R. S. WARREN. *Mississippi*—Dr. E. B. MAUREY. *New Hampshire*—Drs. E. AIKEN, C. O. TOWN. *New York*—Drs. H. C. MAY, E. WEBB, J. F. MINER, H. W. DEAN, N. MEADE, N. NIVISON, A. WILLARD, G. H. HAAS, A. GREEN & SON, J. GOODYEAR, A. B. LUCE, F. D. LEUTE, D. F. FEITTER, C. S. GOFF, D. T. JONES. *Nebraska*—Dr. R. B. LIVINGSTON. *Michigan*—Dr. E. M. CLARK. *North Carolina*—Dr. P. E. HINES. *Ohio*—Drs. E. M. DOWNS, D. A. McLANE, E. SHELDEN, W. T. BROWN. *Pennsylvania*—Drs. W. T. PLANT, D. BACON. *South Carolina*—Dr. J. H. POWELL. *Vermont*—Drs. D. W. HAZELTON, G. D. STEVENS, A. A. ATWOOD. *Texas*—Dr. R. L. BRODIE, U.S.A. *Wisconsin*—Dr. W. LIBBY.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 8th day of January, 1861, to the 15th day of January, 1861.

Deaths.—Men, 104; women, 86; boys, 128; girls, 107—total, 455. Adults, 190; children, 235; males, 202; females, 193; colored, 5. Infants under two years of age, 143. Among the causes of death we notice:—Infantile convulsions, 23; croup, 14; diphtheria, 12; scarlet fever, 25; typhus and typhoid fevers, 10; consumption, 68; small-pox, 10; dropsy, 12; hæmorrhage, 8; infantile marasmus, 15; inflammation of brain, 12; of lungs, 45; bronchitis,

15; congestion of brain, 8; of lungs, 4; erysipelas, 4; hooping cough, 4; measles, 6; rheumatism, 3.

Jan. 1861.	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Meaning of cloud.	Rain.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
6th	30.29	.40	33	28	37	4	5	S.W.	4	0 to 10
7th	29.74	.24	42	34	50	3	5	S.W.	9.5	.01
8th	29.99	.35	35	30	41	4	6	S.W.	4	
9th	29.91	.25	32	29	34	2	3	N.E.	10	.08
10th	29.60	.30	27	18	34	4	6	N.W.	5	
11th	29.95	.29	18	13	22	2	3	N.W.	6.5	
12th	29.00	.50	13	2	25	3	4	N.E.	7	.06

Remarks.—6th, clear A.M.; 7th, fog A.M., with very light rain on the nights of the 6th and 7th (January thaw); 8th, fog A.M.; mid-day clear; 9th, snow P.M.; 10th, clear P.M.; 11th, snow P.M.; 12th, snow early A.M.; clear with fresh wind P.M., temperature 25 degrees at noon, 2 degrees at midnight—coldest night, succeeded by the coldest day since the 11th Jan. 1859. Wind generally light for the week.

MEDICAL DIARY OF THE WEEK.

Monday, Jan. 21.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Jan. 22.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrison, 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M.
Wednesday, Jan. 23.	{ EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, half-past 1 P.M. N. Y. PATHOLOGICAL SOCIETY, half-past 7 P.M.
Thursday, Jan. 24.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrison, 1 P.M. NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Eliot, half-past 1 P.M.
Friday, Jan. 25.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Church half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Wood, half-past 1 P.M.
Saturday, Jan. 26.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrison, 1 P.M. NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 8 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

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